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ABSTRACT

This packet of materials from the Wayne County (Michigan) Intermediate School District offers a continuum model of social/sexual curriculum and programming services. Materials include: (1) a copy of a district school board policy giving school districts permission to pursue these curriculum areas; (2) staff guidelines for dealing with students exhibiting inappropriate social-sexual behavior, including questioning/curiosity, body exploration, nudity, overt sexual behavior, sexually explicit material, masturbation, and exhibitionism; (3) The Invisible Environment Check-list, which allows staff to consider the level of dignity and respect existing in their own classrooms; (4) goals and objectives for a special education health curriculum covering disease prevention and control, personal health practices, nutrition, growth and development, family health, emotional and mental health, substance use and abuse, consumer/community health, and safety/first aid; (5) objectives from the special education health curriculum relating specifically to sexual health, tailored according to level of mental handicap; (6) lists of teaching activities and resource materials; (7) outline of the Michigan model for comprehensive school health education; and (8) a resource guide to sexuality materials, curricula, assessments, and networking sources in southeastern Michigan. (JDD)

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A CONTINUUM MODEL
OF SOCIAL/SEXUAL CURRICULUM AND PROGRAMMING SERVICES

WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT

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Wayne County Intermediate School District

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WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT

A Continuum Model of Social/Sexual Curriculum and Programming Services

1. District School Board Policy

This gives a district permission to pursue these curriculum areas as they would any other. For the district and community, this is seen to serve as the "stamp of approval". A policy assures that social/sexual curriculum and programming fall under the same safeguards that govern any other part of a district's curriculum.

2. Staff Guidelines For Dealing With Students Exhibiting Inappropriate Social-Sexual Behavior

This document assures compliance across a district with human rights statutes, behavior intervention policies and recipient rights on these issues because handling each incident is written in a step-by-step procedure style. The guidelines answer the question "What should staff do when they encounter the following behaviors?" The behaviors included are:

Questioning/Curiosity
Body Exploration
Nudity
Overt Sexual Behavior
Sexually Explicit Material
Masturbation
Exhibitionism

3. The Invisible Environment Check-list

The checklist is a vehicle which allows staff to consider the level of dignity and respect in their own classrooms for both students and staff. It identifies areas that MAY be the only areas in a student's life where inherent sexuality is ever considered. The concern areas are: (A) Student-staff interaction; (B) Student personal appearance; (C) Student personal hygiene; (D) Basic program issues; and (E) Student programming priorities. The checklist represents items that should be in place before skill training is begun.

4. Special Education Addendum to the Michigan Model for Comprehensive School Health Education

These are goals and objectives for each of the nine Michigan Model areas. The goals are written so that they can be used by any student who is not able to use the general education curriculum. The objectives that have "226" in the right hand column identify goals that need to be reviewed by the district's Reproductive Health Advisory Committee. See P.A. 226 (1977), p. 10.

5. Compiled "226" Objectives

6. Teaching Strategies and Materials for the "226" Objectives

7. Resource Packet

A. Michigan Model Outline

This is a brief overview of the Model broken down by grade level. Call Wanda Jubb, Michigan Department of Education, (517) 373-2589 for more information.

B. **Michigan Network**

This is an example of the kinds of things that consultants might pull together to assist a district or classroom as it begins implementation.

C. **Staff 20 Hour Workshop Agenda**

This sample has all of the required areas that P.A. 226 demands plus current topics and time for each education area (elementary, junior high or middle school, high school and special education) to meet separately to discuss the workshop's topics and curriculum relevant to their programs.

D. **Parent Workshop**

The topics are parent concerns rather than staff concerns. It can augment the 20 hour workshop.

E. **In-service Model**

This is a sample plan to in-service a building or a whole district on the whole continuum of services. This represents an ideal way to get a program begun in a unified fashion.

* * *

The following items augment or further explain some of the issues involved in a social/sexual curriculum.

1. Sex Education Guidelines, including Reproductive Health and Family Planning (P.A. 226, 1977)

This is the model and guidelines that the State prefers districts to use when implementing a sex education curriculum. Single copies can be obtained FREE OF CHARGE from:

School Program Services
Michigan Department of Education
P.O. Box 30008
Lansing, MI 48909
(517) 373-1484

2. Michigan Child Protection Law (P.A. 238, 1975)

This is the guideline explaining suspected abuse and neglect procedures for children under the age of 18.

Adult Protective Services In Michigan (P.A. 519, 1983)

This is the guideline explaining suspect abuse and neglect procedures for anyone over the age of 18.

Copies of the two guidelines can be obtained from:
Michigan Department of Social Services
Lansing, MI 48909
or your local Social Services Office.

GUIDELINES

BOARD POLICY

WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT

SUBJECT: Reproductive Health Program
NUMBER: 18(A) - page 1
DATE: August 13, 1986
SUPERSEDES:

In accord with Board Policy 18, which sets forth a basic policy of nondiscrimination in Intermediate School District programs, the Board issues this corrolary Policy statement to express its specific intent to have all WCISD directly operated programs conform to the provisions of Michigan Public Act 226 of 1977 (legislation permitting the teaching of reproductive health in public schools). In so doing, the Board recognizes that it not only supports the normalization of the educational process for all students, regardless of their exceptionalities, but also promotes the equal application of Michigan School Law for all public education, special as well as regular education.

This Policy recognizes that the rights of people who have special needs and/or are developmentally disabled, include the same opportunities, experiences and responsibilities observed by the general population. This statement likewise acknowledges that the understanding and acceptance of one's individuality, family role, personal responsibilities and interpersonal relationships can best be encouraged by means of an appropriate program of instruction in Human Growth and Development within the context of an established educational program.

The Board maintains, in accord with PA 226, that schools are in a unique position in the community to offer a carefully planned, sequential program of instruction in this content area and can, therefore, supplement and support the instruction provided by parents. The Board also believes, however, that the program of instruction should remain flexible in make-up, general in content, and broad in scope in order to:

-complement, not challenge, parental training;

-support, not undermine, the rights of parents to become involved in the education of their children;

-encourage, not thwart, open dialogue between home, school and community;

-stress, not de-emphasize, student informed, decision-making based on factual information;

-promote, not discourage, student understanding of societal attitudes, beliefs and standards.

I. ADMINISTRATIVE ACTIVITIES

A. The WCISD Administration is charged with the responsibility to:

SUBJECT: Reproductive Health Program
NUMBER: 18(A) - page 2
DATE: August 13, 1986
SUPERSEDES:

1) Establish and maintain a Reproductive Health Advisory Board which meets the criteria specified by PA 226;

2) Identify and recommend to the Board for appointment a Reproductive Health Program Supervisor in accord with the criteria stipulated by PA 226;

3) Identify staff providing instruction in this curriculum content area and maintain on-going staff development activities to assure that all WCISD staff providing direct services to students have an opportunity to qualify as instructors of reproductive health;

B. The WCISD Administration is charged with directing WCISD staff to:

1) Develop and implement specific GUIDELINES for the scheduled review (every 3 years) and recommend to the Board for approval, curriculum materials appropriate for the provision of reproductive health instruction to students enrolled in WCISD directly operated programs (SMI/SXI Center Programs; Out Wayne County Head Start Programs; and the Teen-Parent Program)

2) Develop and implement STAFF GUIDELINES which indicate, in a detailed fashion, the appropriate staff response to students displaying specific social-sexual behaviors;

3) Define curriculum content and teaching strategies for providing appropriate instruction to students of all functioning levels;

II. STAFF

This POLICY applies equally to all STAFF providing service to students within WCISD Directly Operated Programs.

S

WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT

STAFF GUIDELINES FOR DEALING WITH STUDENTS EXHIBITING INAPPROPRIATE SOCIAL-SEXUAL BEHAVIOR

I. INTENT OF GUIDELINES

These GUIDELINES present a detailed description of Board approved staff interventions with students exhibiting inappropriate sexual behavior in school programs directly operated by the WCISD. They are mandated by WCISD Board Policy 18(A) and apply equally to all WCISD staff providing direct services to students.

The seven (7) behaviors herein identified are inappropriate for a school setting and require staff intervention.

These GUIDELINES insure that interventions are:

1) consistently implemented by all staff within the district;

2) possible for all staff to implement;

3) positive and nonabusive in nature;

4) in accord with the district's policy on discipline, suspension, expulsion, behavior intervention, and sexual abuse.

Situations in which these Guidelines must be used may not be clear cut or simple. Each situation must be individually assessed and consideration given to each student's home environment and cultural background. These Guidelines require that families be involved either through the parent conference process, the Individualized Education Planning (IEP) process, or the Formal Behavior Plan Development process.

II. SCOPE OF GUIDELINES

These Guidelines define seven specific student behaviors and/or issues which relate to human sexuality and present a detailed description of approved staff interventions. Each intervention has staff response STANDARDS and PROCEDURES and identifies appropriate resource persons that need to be involved. The seven student behaviors are:

1) Questioning/Curiosity
2) Sexually Explicit Material
3) Body Exploration
4) Masturbation
5) Nudity
6) Exhibitionism
7) Overt Sexual Behavior

9

III. BASIC ASSUMPTIONS

Underlying these GUIDELINES are certain BASIC ASSUMPTIONS which should be understood by all staff.

1. Parents/guardians have the basic responsibility for promoting student understanding of their own physical, mental and emotional natures.

2. Impaired individuals are developing human beings and, as such, are entitled to receive appropriate instruction to assist them in understanding their physical and emotional natures.

3. Specific educational goals which foster student learning and understanding of physical, mental and emotional maturation are appropriate for inclusion in a student's education program.

4. All goals established for a student relative to Human Growth and Development instruction must be mutually consented to by staff and parents either through a pre-instruction conference (in accord with PA 226) or the student's Individualized Education Plan (IEP).

5. Human Growth and Development programs should facilitate age-appropriate behavior and promote socialization consistent with the cultural and family background of students.

6. All programming must be presented at the level of the student's understanding and, where appropriate, using the student's preferred system of communication (i.e. sign language or augmented communication system).

7. All staff and student contact must be professional in nature.

8. Sexual activity between staff and students is ABSOLUTELY UNACCEPTABLE and grounds for staff dismissal.

9. Verbal abuse of students, like physical abuse, is unacceptable and is grounds for disciplinary action.

10. Staff should not only insure "privacy" for all students when dealing with personal hygiene issues but should make all their interactions with students age-appropriate.

11. All staff are responsible for understanding the District's POLICY on human sexuality and their role in the implementation of these GUIDELINES.

12. All materials used in the implementation of a comprehensive program for Human Growth and Development must be made available to interested parents for inspection and must be reviewed by the District's Reproductive Health Advisory Council before use.

IV. GUIDELINE EXPLANATIONS

1. Resource Person - the staff person identified by each WCISD program who has completed the Reproductive Health 20 hour workshop and agrees to serve as an "in house" consultant on social/sexual issues and to respond to situations where Staff Guidelines specifically call for the intervention of a resource person. The principal or director of each program shall confirm, at the beginning of each school year, the designation of such a building "resource person" with the Director of the WCISD Center supervising the program.

2. Standards - the district's position on each of the seven (7) issues.

3. Documentation - written statement substantiating a student's behavior relative to these guidelines placed in the student's file.

4. Appropriate Communication System - In all incidents, staff must be aware of the student's "communication system". Frequently handicapped student utilize "alternate communication systems", (i.e. sign language, picture cards, Blissymbolics, or computer-assisted artificial voice output).

5. Privacy - a place of seclusion which allows for a person to be unobserved by others. It is the position of the district that all areas within a school are "public places" and therefore do not qualify to be considered as "private places" where students may have privacy. Restrooms within a school building are considered to be "public places" and are not, therefore, places for any of the inappropriate sexual behavior identified in these Guidelines.

V. STAFF GUIDELINES

1. QUESTIONING/CURIOSITY

DEFINITION: Expressed interest, through gestures or words, in differences between self and others, body changes, and/or sexual behaviors.

STANDARDS: Staff should respond to students' questions and concerns in a relaxed, mature manner commensurate with each student's chronological age and level of understanding. Questioning shall be considered a behavior which indicates readiness for sex education and training. Staff should respond to students' questions in a serious manner, demonstrating sensitivity to their concerns.

PROCEDURES AND RESPONSIBILITIES:

A. Staff should respond to questions in a nonjudgmental manner, remembering to take into consideration the student's unique communication system as well as level of functioning.

B. If staff is unable to answer a student's questions or is uncomfortable in responding to the questions, the student should be immediately referred to either the school nurse or the designated building resource person.

C. Staff should then place an anecdotal record of the occurrence in the student's file.

D. Special Education Considerations:

1) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's questions and concerns.

2) Staff should inform the student's parent/caregiver of the incident and the questions and concerns expressed by the student.

3) Staff should determine with parent/caregiver the appropriate action to be taken:

a) Develop a new IEP.
b) Handle in an informal manner.

2. EXPLICIT SEXUAL MATERIAL

DEFINITION: Any material (books, photographs or line drawings) that clearly depict human behavior which is commonly judged to cause sexual excitement.

STANDARDS: Students are not allowed to have such material in their possession when on school property.

PROCEDURES AND RESPONSIBILITIES:

A. If a student is found with explicit sexual material in his/her possession on school property or sharing such material with other students:

1) Staff will immediately remove, in a nonpunitive manner, the material from the student's possession, informing him/her of the school's policy and indicating that any further such behavior will result in contact being made with the student's parent/caregiver.

2) After the principal is informed of the incident and given the confiscated material, the staff should then place an anecdotal record of the occurrence in the student's file, dating the record and clearly labeling it as a first occurrence.

B. If a student is found with explicit sexual material in his/her possession on school property or sharing such material with other students for a second time:

1) Staff will immediately remove, in a nonpunitive manner, the material from the student and immediately inform the student that his/her parent/caregiver will be contacted and required to come into the school for a conference.

2) Staff will immediately inform the Principal of the second occurrence of this behavior and request that the student's parent/caregiver be contacted and required to come in for a parent/teacher conference.

3) Staff will place an anecdotal record in the student's file of the occurrence and the action taken.

4) Documentation of parent contact should also be placed in student's file upon completion, indicating the time, date and manner of contact together with the name of the person making contact.

C. If there is any doubt that the material is explicit, the Principal will make the final determination. The designated building resource person should be consulted if necessary.

D. At the beginning of each school year, parents/caregivers will be informed of school policy relative to student possession of explicit sexual material on school property.

E. Special Education Considerations:

1) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's behavior.

2) Staff should inform the student's parent/caregiver of the incident.

3) Staff should determine with parent/caregiver the appropriate action to be taken:

a) Develop a new IEP.
b) Handle in an informal manner.

3. BODY EXPLORATION

DEFINITION: Any touching of clothed or unclothed body parts of self or others which is commonly considered to be inappropriate public behavior.

STANDARDS: Students are subject to the same public behavior standards as every other citizen.

PROCEDURES AND RESPONSIBILITIES:

A. Staff should interrupt the student's behavior in a nonpunitive manner.

B. Staff should, if possible, take advantage of this "teaching moment" to discuss the issues of privacy and appropriateness with the student, giving examples of appropriate places.

C. If staff is uncomfortable discussing such behavior with the student, the student should be immediately be referred to the school nurse or the designated building resource person.

D. Staff should then place an anecdotal record of the occurrence in the student's file and inform the Principal of the incident and the action taken. The record should be date and time specific, labeling the incident as FIRST.

E. If there is a second occurrence of the behavior, staff should:

   1) Place an anecdotal record in the student's file and request of the Principal that the student's parent/caregiver be required to come in for a conference.

   2) The date and manner of contact with the parent should likewise be documented in the student's record together with the name of the person making contact with the parent.

   3) Conference with the parents/guardians regarding intervention and mutually determine an appropriate intervention.

   4) Refer student to psychological service personnel.

F. Special Education Considerations:

   1) If staff cannot discuss this activity with the student because of the cognitive functioning level of the student or the intensity of the behavior, they should actively direct the student's attention to another activity. This will indicate to the student that such behavior is not acceptable in school. This "redirection" of the student's attention SHOULD BE DONE IN A NONPUNITIVE MANNER.

   2) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's behavior.

   3) Staff should inform the student's parent/caregiver of the incident and determine with them the appropriate action to be taken.

      a) Develop a new Individualized Education Plan.
      b) Handle in an informal manner.
      c) Develop a Formal Behavior Plan.

4. MASTURBATION

DEFINITION: Self stimulation to achieve sexual pleasure.

STANDARDS: Masturbating is considered inappropriate behavior in school.

PROCEDURES AND RESPONSIBILITIES:

A. Staff should interrupt the behavior in a nonpunitive manner.

B. Staff should, if possible, take advantage of this "teaching moment" to discuss the issues of privacy and appropriateness with the student, giving specific examples of each.

C. If staff is uncomfortable discussing such behavior with the student, the student should be immediately be referred to the school nurse or the designated building resource person.

D. Staff should then place an anecdotal record of the occurrence in the student's file and inform the Principal of the incident and the action taken.

E. If there is a second occurrence of the behavior, staff should:

  1) Place an anecdotal record in the student's file and request of the Principal that the student's parent/caregiver be required to come in for a conference.

  2) The date and manner of contact with the parent should likewise be documented in the student's record together with the name of the person making contact with the parent.

  3) Conference with the parents/guardians regarding intervention and mutually determine an appropriate intervention.

  4) Refer student to psychological service personnel.

F. Special Education Considerations:

  1) If staff cannot discuss this activity with the student because of the cognitive functioning level of the student or the intensity of the behavior, they should actively direct the student's attention to another activity. This will indicate to the student that such behavior is not acceptable in school. This "redirection" of the student's attention SHOULD BE DONE IN A NONPUNITIVE MANNER.

  2) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's behavior.

3) Staff should inform the student's parent/caregiver of the incident and determine with them the appropriate action to be taken.

   a) Develop a new Individualized Education Plan.
   b) Handle in an informal manner.
   c) Develop a Formal Behavior Plan.

5. NUDITY

DEFINITION: The condition of being without clothing or other covering.

STANDARDS: Nudity is considered inappropriate behavior in school.

PROCEDURES AND RESPONSIBILITIES:

A. Upon discovering a student who is nude, or attempting to strip, staff shall ask the student to get dressed. If student has difficulty with dressing him/herself, staff shall assist. Such intervention shall be undertaken in a nonpunitive manner.

B. Staff should discuss the behavior and incident with the student.

C. If staff is uncomfortable discussing the behavior with the student, the student should immediately be referred to the school nurse or the designated building resource person.

D. Staff should then place an anecdotal record of the occurrence in the student's file and inform the Principal of the incident and the action taken.

E. If there is a second occurrence of the behavior, staff should:

   1) Place an anecdotal record in the student's file and request of the Principal that the student's parent/caregiver be required to come in for a conference.

   2) The date and manner of contact with the parent should likewise be documented in the student's record together with the name of the person making contact with the parent.

   3) Conference with the parents/guardians regarding intervention and mutually determine an appropriate intervention.

   4) Refer student to psychological service personnel.

F. Special Education Considerations:

   1) If staff cannot discuss this activity with the student because of the cognitive functioning level of the student or the intensity of the behavior, they should actively direct the student's attention to another activity. This will indicate to the student that such

behavior is not acceptable in school. This "redirection" of the student's attention SHOULD BE DONE IN A NONPUNITIVE MANNER.

2) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's behavior.

3) Staff should inform the student's parent/caregiver of the incident and determine with them the appropriate action to be taken.

   a) Develop a new Individualized Education Plan.
   b) Handle in an informal manner.
   c) Develop a Formal Behavior Plan.

6. EXHIBITIONISM

DEFINITION: The provocative exposure of one's body.

STANDARDS: Exhibitionism is not considered a socially acceptable public behavior.

PROCEDURES AND RESPONSIBILITIES:

A. Upon discovering a client who is provocatively exposing his/her body, staff shall ask the student to get dressed. If student has difficulty with dressing him/herself, staff shall assist. Such intervention shall be undertaken in a nonpunitive manner.

B. Staff should, if possible, take advantage of this "teaching moment" to discuss the issue of appropriate public behavior.

C. If staff is uncomfortable discussing the behavior with the student, the student should immediately be referred to the school nurse or the designated building resource person.

D. Staff should then place an anecdotal record of the occurrence in the student's file and inform the Principal of the incident and the action taken.

E. If there is a second occurrence of the behavior, staff should:

   1) Place an anecdotal record in the student's file and request of the Principal that the student's parent/caregiver be required to come in for a conference.

   2) The date and manner of contact with the parent should likewise be documented in the student's record together with the name of the person making contact with the parent.

   3) Conference with the parents/guardians regarding intervention and mutually determine an appropriate intervention.

4) Refer student to psychological service personnel.

F. Special Education Considerations:

1) If staff cannot discuss this activity with the student because of the cognitive functioning level of the student or the intensity of the behavior, they should actively direct the student's attention to another activity. This will indicate to the student that such behavior is not acceptable in school. This "redirection" of the student's attention SHOULD BE DONE IN A NONPUNITIVE MANNER.

2) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's behavior.

3) Staff should inform the student's parent/caregiver of the incident and determine with them the appropriate action to be taken.

   a) Develop a new Individualized Education Plan.
   b) Handle in an informal manner.
   c) Develop a Formal Behavior Plan.

7. OVERT SEXUAL BEHAVIOR

DEFINITION: Heterosexual or homosexual sexual activity, including sexual intercourse.

STANDARDS: All explicit sexual behavior, heterosexual or homosexual, is considered inappropriate in school.

PROCEDURES AND RESPONSIBILITIES:

A. Staff should stop behavior in a nonpunitive manner. If necessary, direct students to dress themselves. Provide assistance to students who have difficulty in dressing.

B. Staff should report the incident to the Principal immediately.

C. Where appropriate, the school nurse shall be involved.

D. Staff, together with the Principal and/or designated building resource person discuss the incident with the students, clearly indicating that the behavior is not acceptable in school and of such a serious nature that the school is required, if the students are not legally of age, to have a conference with the students' parents/caregivers.

E. If students are not legally of age, the Principal shall immediately set up a conference with the parents/caregivers.

F. If students are legally considered adults and are their own guardians, permission must be obtained from them before contact with parents is made. WHEN STUDENTS HAVE REACHED THE AGE OF MAJORITY AND GUARDIANSHIP HAS NOT BEEN OTHERWISE DETERMINED, PARENTS/CAREGIVERS CANNOT BE INFORMED OF SUCH AN INCIDENT WITHOUT THE STUDENT'S PERMISSION. If permission is not forthcoming from the student, the student should be immediately referred to the social worker.

G. If one of the students is not legally of age, staff shall hold a conference with his/her parents/caregivers. being sure that confidentiality is not broken.

H. If one of the students did not consent to participate in this behavior, consideration must be given immediately to legal action. Involvement of parents/caregivers is again determined by guardianship.

I. Staff shall take care to document the incident and action taken in the student's file, being sure that the record is dated and signed by staff.

J. Special Education Considerations:

1) If staff cannot discuss this activity with the student because of the cognitive functioning level of the student or the intensity of the behavior, they should actively direct the student's attention to another activity. This will indicate to the student that such behavior is not acceptable in school. This "redirection" of the student's attention SHOULD BE DONE IN A NONPUNITIVE MANNER.

2) Staff should determine whether the student's current IEP has the appropriate instructional content to deal with the student's behavior.

3) When the students are not legally of age, staff shall inform the student's parent/caregiver of the incident and determine with them the appropriate action to be taken.

   a) Develop a new Individualized Education Plan.
   b) Handle in an informal manner.
   c) Develop a Formal Behavior Plan.

4) When the students are legally of age, staff shall attempt to obtain permission to convene an Individual Education Planning Committee to determine the best course of action.

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THE INVISIBLE ENVIRONMENT

AN ASSESSMENT PROCESS TO CLARIFY ISSUES THAT SUPPORT A RESPECTFUL ENVIRONMENT FOR BOTH STUDENTS AND STAFF

HUMAN GROWTH and DEVELOPMENT

DIGNITY
RESPECT
SELF-ESTEEM
AWARENESS

WayneCountyIntermediateSchoolDistrict

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1985
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WAYNE COUNTY, MICHIGAN INTERMEDIATE SCHOOL DISTRICT
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* reprinted with permission

The "Invisible Environment" As A Component Of A Sexuality and Health Curriculum

We define a sexuality curriculum as the part of educational programming that enhances and improves skills that center around interacting with other people in all levels of relationships.

This includes a range of subject areas: knowledge of self, appropriate social interaction and distance, choice making, responsibility for choices made, validity of emotions, a means of expressive communication as well as the areas traditionally thought of as "sex education" - marriage, parenting, sexual behavior, legal issues, fertility regulation.

The question and definition of sexuality becomes difficult to understand when discussing students who:

1. need varying levels of supervison 24 hours a day for various reasons;
2. may require constantly creative programming because at present there are no jobs or sheltered workshop work that can be adapted to their functioning level and/or for their multiplicity of handicaps,
3. need daily care and intervention by others for almost all aspects of their lives;
4. function below 2 1/2 years CA and in all probability will do so for the reminder of their lives;
5. will probably never get to the point where the traditional "sex education" objectives are going to appear in their educational plans.

The sexual aspects of these people's lives is NOT in question. Gender, cronological age, a full range of emotions, the physical and chemical changes that occur throughout our lives and the innate qualities of being human are present no matter what functioning level or handicap. Consequently, awareness of this aspect of their lives has to be recognized and respected.

What is their sexuality education then? It is according our students dignity and respect in everything that we do for AND with these students

This means **Issues** around privacy, hygiene concerns, protection from abuse of any kind and educational programming is pared down to the essential priorities. A list would include; **(1)**A means of expressive communication and respecting the student's current means of communication, **(2)** working on some kind of toileting schedule, **(3)** appropriate to cronological age and gender, dress, hair style, hygiene, room environment, **(4)** elimination of and/or treatment for inappropriate social behaviors, **(5)**Working with the family or group home on the most efficient and caring ways to handle, feed and interact with the more multiply impaired, low functioning student so that positioning and daily care are done in the most respectful and least harmful way to all concerned, **(6)** reminders for yearly dental, gynecological, medical, vision and hearing examinations, **(7)** keeping their adaptive equipment repaired and as "state of the art" as possible, **(8)** training around esteem, gender and appropriate behavior, **(9)** working with our students on loving and nurturing outlets (pets, plants, partial participation with infant/young children care), **(10)** making sure they get assistance they need to be as independent as possible in no matter what small way.

"This suggests that the type of emotional climate in which the child is reared is important. It must be remembered that the emotional contexts in which a child is reared is created by the interaction dynamics which transpire between the primary caregivers of the child. Outside of the relationships internal to the family constellation, the most intense relationships the child and family have are the educators and educational agencies. This may be due to the necessary protracted relationships which find their genesis in the guidelines of mandated education. The relationship between the school and the family, since it can have a significant impact upon the development of the child, should be nurtured and carefully developed.

Interestingly enough, we have finally become sensitive to the fact that we should not talk about our handicapped children in front of them. We do not know how much they understand. It would seem that our next task, in order to truly develop respect for them, is to become aware of the fact that they are able to tune into the nonverbal communication and emotional climate we create by our interactions. It behooves us , therefore, to work cooperatively with other primary caregivers to promote a loving and accepting atmosphere in which to rear our children so that they can develop. We need to realize and become keenly aware of the fact that our children will learn from us how to deal with anxiety, frustration and loss. Wither they will learn from us the meaning of happiness and peace, or learn to view life as something filled with despair and scorn is our reponsibility." (1)

The questionaire/checklist has put "respect" issues in a reusable format. Classrooms and administration can look at this again and again to remind themselves of the essential "invisible" dignity issues.

One of the most persistent problems, when working with students who are classified by school systems as handicapped, is maintaining consistent, constant awareness of each student's intrinsic value as a valid human. This intrinsic value includes, by definition: a functional, independent potential, a capacity for a range of emotions and inherent sexuality. The Invisible Environment questionaire/checklist attempts to assure that this definition is upheld.

THE QUESTIONAIRE/CHECKLIST IS TITLED "INVISIBLE" TO INDICATE IT IS NOT A CURRICULUM TO BE USED FOR STUDENT SKILL TRAINING BUT A BASIC, UNDERLYING PROGRAM STRUCTURE WHICH "INVISIBLY" SUPPORTS AND PROTECTS POSITIVE CLASSROOM ENVIRONMENTS. The environment, the attitude, the "vibrations" if you will, of a work setting are absolutely critical to maintain standards when working with people entirely dependent upon staff.

This questionnaire was designed to assist educational staff and other agency staff in assessing the presence of necessary attitudes and environmental supports which make quality education and training possible. It is applicable to all classrooms, regardless of the chronological age of the students served or their functioning level. It is especially designed to protect the rights and dignity of students who are unable to protect their own rights. When reviewing the five discussion areas, staff should begin some individual soul-searching and perhaps adjust their room design, daily programming and/or refamiliarize themselves with district policies. It also "red flags" administrative domain responsibilities.

The concerns that Invisible Environment attempts to address are those incidents and attitudes in staff/student interactions and in daily programming that individually will never close down a program. However, when many people begin to act in similar "negative" ways or when administration allows a program to operate without addressing these concerns, it seems to encourage or create a climate for a very serious incident to take place which then CAN shut down a program or cause reactions that make the difference between a successful and unsuccessful school program.

1. Wayne Ruchgy, Speciality, Winter, 1985. pgs. 21-22.

IN OUTLINE FORM

A DISTRICT CAN USE THE QUESTIONNAIRE WHEN **LISTENING TO STAFF OR WALKING THROUGH A BUILDING,** THE FOLLOWING ARE SEEN OR HEARD:

1. Lack of respect towards anyone.
2. Verbal abuse, i.e. unfortunate choices of vocabulary, language that has a double meaning, language that is sexual in nature, language that refers to the negative aspects or to some physical attribute of the students.
3. Negative attitudes, i.e. "stuck here", "again?"
4. Less than a nurturing touch.
5. Less than dedicated work efforts.
6. See no future for the students....period.
7. Lack of chronological age appropriate environment in settings and materials.
8. No discussion of the students in a positive light.
9. Not seen as working on a student's obvious priorities.
10. No belief that the students CAN do.......can be functional, can work , can take some delight in life.

HOW DO THESE ATTITUDES AND NONSUPPORTING ENVIRONMENTS IMPACT A PROGRAM?

1. Take away from skill training time.
2. Stressful to both students and staff.
3. Easy to overlook positive aspects of the students.
4. Forget ALL are learning constantly.
5. Think "inferior" instead of different.
6. Routine starts to breakdown: "can't get through the day", "often late to work", etc.
7. More instances of "lost" items, broken items, etc.
8. Promotes a rigid "has always been done this way" attitude instead of a "let"s go for it!" climate.

When the Invisible Environment areas and the other mentioned supports are NOT in place, staff ends up concentrating on issues that emphasize the negative aspects of working with this population (the dependency on advocates, the limited independence possible, the amount of daily care needed, etc.). It reinforces the "do for" attitude instead of the "do with" and therefore, gets perilously close to the staff/patient institutional model.

SOME ETHICAL ASSUMPTIONS

1. The basic safety, privacy and physical comfort needs of students must first be met if students are to prosper.

2. The educational environment must support dignity and respect issues if students are to grow.

3. The "atmosphere" or "tone" of the environment must be postive and warm, indicating a commitment to the belief that intrinsic worth of each human regardless of his/her functional ability, if students are to develop to their maximum potential.

4. The "sexuality" and "sexual identity" of each student must be recognized and protected if students are to develop psychologically and emotionally.

5. All staff working directly with students who aredependent are dedicated to protecting and maintaining the dignity and worth of each student.

TEACHING/TRAINING REALITIES

THE INVISIBLE ENVIRONMENT is also based on the following "realities" of classrooms for students whose handicaps require assistance.

1. The job is physically demanding. The task of lifting, positioning, and supervising every aspect of the environment for these students requires a great output of physical energy daily.

2. The habit of doing things always repetitively and consistently is very tiring. It is tiring even when you are aware of the learning rate of the students and believe in the validity of the programming.

3. The task of constantly adapting items, environments, etc. can be so frustrating. Nothing can ever be "just bought".

4. Not all of the jobs that have to be done are wonderful.......toileting, bathing, feeding, shaping inappropriate behaviors to name a few. These tasks in fact are NEVER done because people want to do these things but because people recognize that they must be done......human to human....."do unto others as you would have others do unto you".

5. Staff needs peer and administrative emotional support. The students are often unable to articulate their appreciation and we all need a level of appreciation. The smiles and attained skills that student's achieve in this intensive environment are often just not enough.

6. Maintaining constant "show time" demeanor. Research clearly indicates that alive, physical, "up" environments are the most effective daily training intervention techniques. Keeping the energy level up at this level six hours a day, every day, is incredibly draining.

ADMINISTRATIVE ORGANIZATION THAT SUPPORTS EFFECTIVE CLASSROOMS

There is no question that ADMINISTRATION has a responsibility to maintain a positive working environment for it's employees and students. The following is a list of items that clearly delineate the philosophy of a district and detail it's "work rules". Staff can work with more confidence and freedom when they know what is required of them.

1. job descriptions,

2. clear staff evaluation criteria including the dates of evaluations and the uses of the evaluation,

3. staff discipline procedures,

4. procedures for reporting abuse, both seen and suspected, including staff protections and administrative support of staff,

5. district wide intervention policies for social-sexual and acting out behaviors,

6. district wide philosophy and goals for students,

7. regularly scheduled updates, recognition and reviews for all staff regarding:
    - a. board policies
    - b. abuse policies
    - c. budget information
    - d. "house" rules
    - e. system of staff evaluation
    - f. staff discipline procedures
    - g. exceptional employee recognition

RESOURCE: Spotlight: Idea Booklet for Staff Recognition, edited by Mary Dean Barringer, WCISD. This is a collection of witty and wonderful ideas to spark any staff!

IMPLEMENTATION MODEL

2 1/2 day sessions

First 1/2 Day Administration inservice/organization plans

The purpose would be to clearly outline why the questionnaire/checklist needs to be done (what has been happening in their program, "unfortunate" incidents, staff attitudes, etc.). If there is agreement on the state of the program and committment to working on these problems, then the following would be discusssed:

- a. a detailed explanation of each section of the questionnaire
- b. review of staff handbooks, policies, etc. mentioned in Invisible Environment
- c. trust issues between administration and staff
- d. in-service agenda
- e. organization for the inservice (handouts, speakers, etc.)
- f. a plan of action after the initial questionnaire "fill out" (time lines, policy reviews, committee work, etc.)

Second 1/2 Day Staff in-service

1. questionnaire rationale
2. administration's support
    - a. explaining staff evaluation issue
    - b. plan of action
    - c. time-lines
    - d. dates of follow-up meetings with individual classrooms
    - e. dates of follow-up meetings with whole staff
    - f. explanation of the questionnaire sections and column codes
    - g. questionnaires will be kept with classroom after administration review
    - h. issues brought up will be reviewed with the progress noted at staff meetings and at the yearly staff update meeting.
3. questionnaire fill-out.

CONFIDENTIAL

The Questionnaire is to
stay in the classroom.

THE INVISIBLE ENVIRONMENT QUESTIONNAIRE

An assessment process to clarify issues
that support a respectful environment
for both students and staff

____
Classroom Identification

____
Administrator

____
Date Reviewed

15/1

SAFEGUARDS

1

This questionnaire in no way is meant to undermine or embarass parents/caregivers. At all times - staff/parent conferences and home visits would always precede any other action on a problem area.

Too often, parents and staff don't understand each other's circumstances. Only by working out problems together to mutual satisfaction or, to a compromise each can live with, can we say we are working in the best interest of the student. It is always a given that all of us want the best for our children/students.

2

Classroom answers are not to be used in any evaluation of staff members. The questionnaire is intended to identify areas that take a great deal of staff time away from the students' instructional time and to identify issues that may be counterproductive in an educational setting.

17/3

CODE TO QUESTIONNAIRE CHECKOFF COLUMNS

1. Check yes if your school has a parent communication policy that incorporates:

    1. a note from the teacher
    2. follow-up note from the teacher
    3. phone call from teacher
    4. phone call from principal
    5. social worker intervention
    6. home visits by appropriate staff
    7. Department of Social Services intervention.

2. The classroom needs a copy of the district's policy for review.

3. The problems of this specific area are not being addressed in an efficient or helpful way. This classroom believes that the solution is administration's responsibility. The classroom's notes on the back of the form indicate what they believe is the problem and what is needed to resolve the problem.

4. In no way is a check in this column EVER to be used as an evaluation of that classroom or staff. On the contrary, the column indicates a team that wants some help. It is strongly recommended that the principal meet with that team to recognize the problem and then immediately work with them to it's resolve.

5. Obviously available curriculums are not helping. Staff should be given the opportunity to find curriculum resources that can help.

6. Our students can participate in the community and we need to incorporate this in our school programming. This column can spark the purchase of a specially equipped van, reorganize a daily schedule, organize a volunteer corps to give needed extra hands, etc.

7. The classroom staff needs to meet with the members of the student"s MET Team/IEP Team. They need to review and discuss priorities of their classroom and each student's program. The classroom staff may need some suggestions to help design an efficient daily prgram or assistance in rearranging their daily program in order to incorporate priorities effectively.

A. STUDENT-STAFF INTERACTIONS:

STANDARD Staff language and behavior will convev respect for the whole student (functioning level, chronological age, gender and sexuality)

RULE OF THUMB: Never permit language or behavior that is insulting or demeaning.

THE GOAL OF THIS SECTION: address the issues of verbal abuse, thoughtlessness and benign neglect.

	YES	NO	#4 need ideas and support	#3 we consider this a bldg. problem. (Over)
1. Are legal names used on student's documents? (Legal documents require legal bith certificate names.)				
2. Are student nicknames:				
a. age appropriate ?				
b. family preferences ?				
c. used with affection ?				
d. used with disgust ?				
e. derived from a physical characteristic of a student ?				
f. have sexual connotations ?				
3. Is there respect and regard for students?				
a. do you walk with, or "herd" ?				
b. are lifts done gently ?				
c. is it "feeding" or mealtime programming?				
d. is anything pinned to anyone's clothing?				
4. Is the classroom both cronological and functioning age appropriate?				
a. materials				
b. decorations				
c. goals				
d. social and holiday celebrations				
5. Is there sensitivity to student's modes of response?				
a. does staff assume communicative intent?				
b. does staff "listen" AND RESPOND to body language?				

	YES	NO	#4 need ideas and support	#3 we consider this a big problem (Over)
c. Is there a document describing the student's way of communicating – what movements mean, what cries mean, etc. SEE APPENDIX, page 53 (Communicative Intent Log example)				
6. Are "wants" ever incorporated into the daily plan?				
7. How do you talk in the classroom?				
a. Is "abusive" language used (cursing, threatening) when staff encounters less than enthusiastic compliance?				
b. Is there use of "thoughtless" language? (negative remarks before a request)				
c. Is sexual connotation or intimate language and words used? ("honey", "lover", "baby", "sweetheart") (Any intimate language used in school is VERBAL ABUSE. Students' maturity levels cannot give school staff permisssion to use that language.)				
8. Is staff wearing job appropriate clothing? Does the clothing respect the students' social awareness age?				
9. Is there obvious impatience over the students' work quality or time?				
10. Is there a disregard for the students' presence? (long staff conversations about everything except the students and the classroom activity?				
11. Is there a disregard for the students' privacy? (Are students' diagnosis, family situations or aberrant behavior discussed in front of the students when the student cannot answer or question the people talking? what privacy is there during toileting or therapy?)				
12. Is there a sense of "pity"? ("Thank heaven, not in my family?")				

	YES	NO	#4 need ideas and support	#3 we consider this a bldg. problem (Over).
13. Is there a sense of "negativity" about classroom projects, activities, getting through the day?				
14. Is there a lack of BELIEF in a valid, functional future for the students?				
15. Do you ever laugh with your students?				
16. Do you ever catch yourself having fun?				
17. Do you ever touch the students with age appropriate affection?				
18. Do you ever smile to yourself, relishing the pleasure of your job?				

SEE APPENDIX, p 55 - "Potential Abuse Reminder" This is suitable for staff inservices, new employee packets, etc.

B. STUDENT PERSONAL APPEARANCE

STANDARD Students should wear correctly sized, appropriate chronological age, presentable and culture appropriate garments. Make-up and hair styles should reflect their culture and chronological age.

	#1 school has a parent communication policy		#2 classroom needs to review #1 procedures		#3 we consider this a bldg. problem (Over)
	YES	NO	YES	NO	
DO STUDENTS HAVE OR WEAR DAILY:					
1. identification on their person if they have no understandable speech or "freeze" in a crisis?					
2. Properly fitting outer clothes?					
3. Properly fitting undergarments?					
4. Correctly fitted shoes?					
5. Age appropriate clothing?					
6. Clean clothes?					
7. Clothing in good repair?					
8. Color coordinated clothing?					
9. Suitable clothes for the season?					
10. Hair style that is age appropriate and culturally acceptable?					
11. Appropriate personal grooming? (reasonable amount of makeup, "gel", cologne, nail polish, etc.)					
12. A clean wheelchair?					

NOTE: The purpose of this section is twofold: **(A)** to remind staff that there is no reason why the students cannot have the "material" appearance of their general education peers. **(B)** to remind staff that the family and the circumstances of that family must be considered and worked with. Families need to understand why these items are important. Conferences involving home visits are absolutely necessary.

27/13

C. STUDENT PERSONAL HYGIENE

STANDARD Students can always be clean. There is NEVER an excuse for an offensive body odor— or poor personal hygiene

	#1 school has a parent communciation policy		#2 classroom needs to review #1 procedures		#3 we consider this a bldg. problem (Over)	#5 curriculum address these skills?	
	YES	NO	YES	NO		YES	NO
DO STUDENTS HAVE OR WEAR DAILY?							
1. Clean face and hands?							
2. Clean hair?							
3. Clean, cut and/or filed fingernails?							
4. Clean, cut and/or filed toenails?							
5. Clean and cared for teeth?							
6. Clean ears?							
7. Evidence of a bath or shower?							
8. Use deodorant?							
9. Is dermatitis/acne condition treated regularly?							
10. Do students have personal comb/ brush/ toothbrush at school?							
11. **Are teeth brushed daily at school**?							
12. Are bowel movements charted at school?							
13. Are fresh bibs or adequate toweling available for students who drool?							
14. Can home visits be arranged to train parents/caregivers in their own surroundings?							

29/15

PLEASE REFER TO THE NOTE AT THE BOTTOM OF PAGE 27.

C STUDENT PERSONAL HYGIENE - continued

	YES	NO	#2 classroom needs to review toileting standards		#3 we consider this a bldg problem (Over)
			YES	NO	
TOILETING/DIAPERING/TRAINING					
1. If the student is NOT time trained or independent, is training discussed with the parents and MET/IEP members at every meeting? *					
2. Are the toileting/diapering/training procedure(s) standard? *					
3. Is all toileting and training being done in bathrooms?*					
4. What standards and criteria are used for toileting IN a classroom?					
5. Can student's feet reach the floor while sitting on the toilet?					
6. Are hygienic wiping procedures taught to students?*					
7. Is appropriate language used when toileting students? (Correct body terms, correct names for elimination)					
8. Are students left on commodes for staff convenience or left until the "job" is completed?*					
9. Are there doors on bathroom stalls?					
10. Is handwashing practiced by staff and students after toileting?*					
11. After 7 CA, does each student have privacy when toileting/diapering? That is, one at a time or ONLY same sex together.*					

			#2 classroom needs to review toileting standards		#3 we consider this a bldg problem (Over)
	YES	NO	YES	NO	
12. After puberty, are students toileted by staff of the same sex ?					
13. is the disinfectant and body wash strong enough to protect against germs in human waste?					
14. Are the bathrooms and classrooms provided with a fresh smelling spray?					
15. Are there COVERED diaper pails at all diaper changing areas? *					

* SEE APPENDIX, p. 57 (Toileting Standards). This is suitable for staff distribution at the annual policy and standards review inservice, as part of the new employee packet, etc.

C. STUDENT PERSONAL HYGIENE- continued

HEALTH RELATED QUESTIONS	YES	NO	#1 school has a parent communication policy.		#2 classroom needs to review procedures		#3 we consider this a bldg. problem. (over)
			YES	NO	YES	NO	
1. Does the school district communicate regularly with the student's doctors and clinics?							
2. Are regularly scheduled **dental** checkups and evaluations recommended at each IEP? (including, cleaning, orthodontic work, peridontal checkups, surgery).							
3 Are regular **physical** checkups recommended at each IEP?							
4. Are **vision and hearing** examinations recommended every 2 years?							
5. Are menstrual cycles charted ? *							
6. Are yearly **gynecological** checkups recommended at each IEP? *							
7. Are sanitary pads changed regularly in school?							
8. Are women changing the young ladies' sanitary pads? Do you ask the parent's preference?							

There is always a reason for irregular periods in any woman. Contact the parent if you note an irregular schedule. Behaviors around period time also can alter. Is your classroom keeping track of mood changes, degree of compliance, acting out behavior? Often if these behaviors occur at period time - sympathy, discussion of physical changes, a hot cup of tea is all that is needed. In other words, hold that behavior plan, check out PMS first.

In Michigan, we are fortunate to have a very helpful resource:

Clinic for the Reproductive Health and Sexuality Concerns of Men and Women with Mental Retardation (Dr. Thomas Elkins, founder).

University of Michigan
Medical Professional Bldg. D2241-0718
1500 E. Medical Center Drive
Ann Arbor, Mich. 48109-0270
Information: Sally Kope, A.C.S.W.
(313) 763-6597

The clinic does both medical examinations and counseling. The examinations can include menstrual dysfunction and discomfort, hormonally related behavior problems and contraceptive concerns. The clinic offers both parent group and patient group counseling.

D BASIC PROGRAMMING

STANDARD. The Students/Parents/Caregivers have a right to clear and accurate reporting of any unusual incidents

			#2 classroom needs to review abuse policy and procedures		#3 we consider this a bldg problem (over)
	YES	NO	YES	NO	
STUDENT SAFEGUARDS					
1. Does your classroom have a copy of your district's abuse report policy?					
2. Does the school district hold inservices on it's abuse reporting policies, the Michigan Child Protection Law, Act #238 (1975) and on the Adult Protection Service Act #519 (1983)? *					
3. Does your classroom keep an incident log on each student?					
4. Are copies kept of notes you or the school sends home?					
5. Does your school have an accident report policy?					
6. Does your school have an "unusual incident" report policy?					

* All districts must abide by the State of Michigan Child Protection Law and the Adult Protection Service Act. Copies of these laws are available **free** from the Department of Social Services. Call the local office.

D. BASIC PROGRAMMING - continued

STANDARD. Public education is committed to honest and supportive cooperation between parents/caregivers and schools/staff.

			#1 school has parent communication policy		#7 classroom needs to revise goals and/or schedule		#4 need ideas and support	
	YES	NO	YES	NO	YES	NO	YES	NO
SCHOOL/HOME COMMUNICATION								
1. Are there expectations of each student at home (housekeeping, outdoor jobs, using communication mode, etc.)?								
2. Is adaptive equipment discussed with home before ordering?								
3. Are there specifically planned activities designed to bring parents into school?								
4. Are conference times flexible?								
5. Are there provisions for late afternoon and evening school conferences?								
6. Is information given to parents on events appropriate for students OUTSIDE of school activities that are sponsored by other agencies?								
7. Is there any attempt by staff to support home routine, home care?								
8. Are parents given information on support and advocacy groups?								
9. Is the notifying procedure for MET/IEP helpful?								

D BASIC PROGRAMMING - continued

STANDARD School facilities are subject to the same construction, barrier-free issues, space per student and ventilation standards as general education

NOTE: Any "NO" check indicates actions is needed by administration.

	YES	NO
PHYSICAL FACILITIES		
1. Are the bathrooms barrier-free?		
2. Are there year round temperature controls in the whole building to assure an optimal working environment?		
3. Is there building security?		
4. How much space per student is allowed in every classroom?		
5. Does your school have emergency systems/plans in place for		
a. fire		
b. individual student or staff emergency		
c. tornado		
d. other		
6. Does your school practice the emergency procedures on a regular basis? (MINIMUM - 4 times/school year).		
7. Are student arrival and departure plans designed for safety or for the convenience of staff?		
8. Are there facilities for washing/drying ?		
9. Are there facilities for **sterilizing** eating equipment, bibs, sheets, towels, etc.?		

E STUDENT BEHAVIOR

STANDARD: The students can function in the at-large community.

GOAL: To have our students blend into community situations as invisibly as everyone else.

	#4 Need ideas and support	#5 Does curriculum address these skills		#6 Are community experiences scheduled		#3 We consider this a bldg. problem. (over)
		YES	NO	YES	NO	
COMMUNITY BEHAVIOR						
1. Do the students exhibit community at large accepted social behavior (greetings, meeting strangers, in small groups, at the movies, church, etc.)?						
2. Do the students exhibit acceptable behavior on transportation?						
3. Do the students exhibit age appropriate emotional behavior? How do the students exhibit joy, anger, pleasure, etc.?						
4. Do the students exhibit ease and comfort in social situations with non handicapped people?						
5. Do the students exhibit accepted community behavior in one on one situations (being waited on, standing in line, walking through a store, etc.)?						

E. STUDENT BEHAVIOR - continued

	#1 school has parent communication policy		#2 classroom needs to review behavior intervention procedures.		#5 does curriculum address skills		#3 we consider this a bldg. problem. **(ever)**
	YES	NO	YES	NO	YES	NO	
STUDENTS EXHIBITING MALADAPTIVE INAPPROPRIATE BEHAVIOR							
1. Has a behavior plan been developed for students exhibiting inappropriate, maladaptive behaviors?							
2. Do all classroom staff have input into the techniques that are being used in the training?							
3. Are the staff trained in the technique BEFORE the student is in the classroom?							
4. Is student maladaptive behavior CONSISTENTLY handled identically by all staff?							
5. Do the parents have input on the plan, including plans that are only for in-school use?							
6. Are the parents trained to carry out the plan at home? Is there initial assistance for them in the home?							
7. Does classroom staff have copies of all of the district's behavior intervention policies?							
8. Does the student have an appropriate and a readily accessible way to express: a. denial e. affection b. frustration f. boredom c. happiness g. anger d. pride h. basic needs.							

E STUDENT BEHAVIOR – continued

STANDARD: Given the student's rate of learning, functional, usable skills are given priority in programming

	#5 does curriculum address skills		#7 classroom needs to review goals and/or revise daily schedule		#3 we consider this a bldg problem. (over)
	YES	NO	YES	NO	
HOW MANY TIMES DO STUDENTS					
1. Use their means of communication in functional situations during the school day?					
2. Receive skill training in alternative methods of expressive communication if the student has no understandable speech?					
3. Work on developing leisure time skills that can be done at home and in the community?					
4. Have opportunities to assist in the planning of their school day?					
5. Have opportunities to learn interpersonal skills in community settings?					
6. Have cronological age and sex appropriate educational experiences which involve the use of age and sex appropriate materials?*					
7. Receive training to express their feelings appropriately and clearly?					
8. Have opportunities to be with peers/adults with similiar handicaps who are successful in the community?					
9. Have their objectives written to train for maximum independence?					
10. Have opportunities to learn "ease" in social situations with same age nonhandicapped peers?					

*does your classroom reflect the students' cronological age?

47/33

F. STAFF/STAFF INTERACTIONS

STANDARD: Staff can interact with each other in such a way as to provide wholesome models for the students in the areas of problem solving, work habits, staff interrelationships and conveying respect to the students who are dependent for care and skill training.

NOTE: Any comments on this sheet need administrative intervention. Meetings with the particular classroom staff needs to happen immediately in order to clearly identify the problem and to begin resolving the problem.

Write as much as needed.
Attach extra pages if necessary

1. Are the paraprofessionals, volunteers, foster grandparents and anyone else who sees the student invited to the MET/IEP?

2. Are paraprofessionals involved in specific training for special circumstances..... behavior plans, specific skill task, etc.?

3. There is a communication problem in the room.... tenseness, insults, lack of satisfaction with the job performance of ANYONE that works full time in the classroom

4. Someone in the classroom feels someone else is getting away with something. This could be anything from not doing their share, chronic work habit problems, someone not conducting themselves as a teacher, paraprofessional.

5. Someone is dissatisfied with room routine.

6. Someone has MAJOR complaints about a certain student in the classroom... misdiagnosed, wrong classroom within the bldg., etc.

7. ?

APPENDIX

COMMUNICATIVE INTENT LOG
PERSONAL DICTIONARY

Student: ____________________
Birthdate: ____________________

DATE AND INTENT IDENTIFIERS	COMMUNICATIVE INTENT BEHAVIORS EXHIBITED "This is what I do."	INTENT MEANS "This is what I am trying to tell you."
Lee 5/87	1. right hand touches/sweeps thigh	1. Diaper is dirty
Lee 5/87	2. turns head away facial expression of dislike lots of body movement	2. does NOT like catsup, carrots, cooked tomatoes
Lee 5/87	3. relaxes and calms when feet are gently massaged.	3. enjoys the touch by familiar adults
Mom 5/87	4. vocalizes - higher pitch eye gazes at adult when adult stands near (within 3 feet) but does not interact with student	4. wants interaction
	5. smiles and eye gazes at adult when his arm activates the VOCA and it says "Come here, I need a hug."	5. wants a hug

Collecting Information For The Log

1. Items listed have been agreed upon by classroom staff as consistent.
2. Support staff and parents review and add items.
3. Should be up-dated twice a year.

Copies Of The Log

1. Should be kept with the current IEP. This helps to insure carry-over to the next classroom.
2. Should be given to the parents. They, in turn, can give copies to the student's various therapists, doctors, baby sitters, siblings, etc. These other people can then more readily understand and communicate more comfortably with the student.
3. Video taping of the behaviors is strongly recommended. Parents love watching their children. Hopefully, the log will record the development of communication by more and more sophisticated means.
4. The log is no longer kept once the student "graduates" to a traditional augmentative communication system (signing, VOCA, communication board, etc.)
5. Should be prominently displayed in the classroom. We want everyone to understand the communication systems.

"Everyone Communicates!" (1987) Heler - WCISD

COMMUNICATIVE INTENT LOG
PERSONAL DICTIONARY

Student: ____________________
Birthdate: ____________________

DATE AND INTENT IDENTIFIERS	COMMUNICATIVE INTENT BEHAVIORS EXHIBITED "This is what I do."	INTENT MEANS "This is what I am trying to tell you."

"Everyone Communicates!" (1987) Heler - WCISD

SPECIAL PROJECTS

THE INVISIBLE ENVIRONMENT SERIES

The Subtle and Hidden Abuses: Verbal and Emotional

Reminders to Classroom Staff and Caregivers

It goes without saying, BUT IT IS A GOOD IDEA TO SAY IT ANYHOW..... What we do daily is awesome. Nowhere else in the world is there the reality of education (not day care, but legislated education) for ALL of a nation's children except here in the USA.

Self-respect, self-awareness and identity, awareness of gender, certainty of their ability to learn and knowledge that they are loved and can love are crucial to humans feeling valued in this world.

What no one denies is that our work is hard--the struggle of direct care and education's promises. We do both kinds of work daily........**It is the daily care of people that is very wearing and we must be very careful in what we say and do.** It is the drooling, toilet training, enemas, mealtime, vomit, dressing and undressing, lifting, positioning, assisting, practicing partial participation, modeling behaviors and the constant daily routine. How many more daily chore tasks can you think of?

Public schools have low incidences of physical and sexual abuse. **Instead, what we see and hear are the more subtle forms of abuse: emotional and verbal.** This takes on a special connotation when we talk about our populations: the dependent, the non-verbal, the non-ambulatory--in short, the very, very vulnerable.

Abuse prevention in these subtle areas comes under the heading, **"Reproductive Health Education,"** for our population because of the nature of our students. Very few of our students are going to function at a level where goals and objectives in "sex education" are ever going to be a reality. Consequently, that basic dignity and **respect** may be the only avenue to recognizing our student's intrinsic sexuality.

FROM THE STAFF HANDBOOK:

Verbal abuse:	making derogatory statements to and/or about the student or his family in his/her presence or the presence of others: name calling, agitating, threatening harm.
Mental abuse:	withholding normal attention from the student, refusing to provide expected assistance.

No one is going to take a poll or ask that you stand up and testify--you know if these things occur in your classroom.

Measure your classroom against the following ten (10) most commonly seen and heard "abuse" problems in our programs. Where do you stand? What can you do to change your ways? **OR**, can you read this list and smile because your classroom is doing OK and really does help and enjoy its students?

YOU ARE BEING ABUSIVE IF YOU:

1. Discuss a student's clothing in a negative way, when the student had no choice in the outfit or has no way to answer your remarks;
2. Discuss a student's hygiene in a negative way, when the student cannot do his/her own self-care;
3. Talk about anything other than the students and the activities in the classroom during the instructional day;
4. Discuss a student's behavior in a negative way, when the student cannot take part in the discussion;
5. Make negative remarks about the lunches or food served, when the students have no choice but to eat what is presented;
6. Make any remark that could be taken in a sexual way about anything--especially when discussing student's body parts at any time.
7. Attempt to feed a student something he or she does not like, when the dislike is common knowledge;
8. "Pulling on" instead of "walking with" students;
9. Not changing the position of the immobile at least every twenty **(20) minutes.** (Mobile humans rarely keep the same position for more than 1-1/2 minutes);
10. Believe in your heart of hearts that these students are not really worth all of the **time** and **energy** and **money** that so many put into them.

AH/km
envir.ah
5/30/89

Appendix C

HUMAN GROWTH and DEVELOPMENT

DIGNITY
RESPECT
SELF-ESTEEM
AWARENESS

WayneCountyIntermediateSchoolDistrict

TOILETING PACKET

A review packet of information around Toileting issues.

The information is timely given that we have instituted Toileting Standards for the first time this year.

If there are any questions regarding training techniques for any student, consult with the Occupational Therapist assigned to your classroom. They have the resources to help develop programs that are appropriate to each student and each classroom.

Special Projects
1989
Information Collected by Ann Heler

HUMAN GROWTH and DEVELOPMENT

DIGNITY
RESPECT
SELF-ESTEEM
AWARENESS

WayneCountyIntermediateSchoolDistrict

THE INVISIBLE ENVIRONMENT SERIES

This portion of Reproductive Health Education attempts to clarify issues that by their very nature define the concepts dignity, respect and the essential value and validity of all our students.

TOILETING

The way we toilet those who cannot do this task independently, the way we teach toileting and the state of the bathrooms in which we toilet, all speak to the issues of dignity and respect.

TOILETING STANDARDS

1. Unless parents, physicians and therapists agree otherwise, ALL students **MUST BE A IN TOILET TRAINING PROGRAM.** This is based on a survey sent to our student's families asking them what they felt we should emphasize in training. (Lifespaces, 1983). The responses were either toilet training or communication as the first priority.

2. If your students are toileted or diapered in your classroom, you must have a toileting and diapering area **SEPARATE** from other activity areas. **NO** other activity should be scheduled for that area. People do not bathroom everywhere in any other school, or bathroom in all rooms at home--**toileting areas, please.**

3. **PRIVACY** is an absolute, undiscussable must. Unbuttoning and unzipping has to be done in the bathrooms, **NOT IN THE HALL.** Screens have to be placed so that toileting is not observed. Bathroom stalls must have doors. Assisting staff are the only people who need to be in the area.

4. **DO NOT** leave a totally dependent student while toileting that student.

5. **NEVER** toilet male and female students in the same bathroom at the same time. This is not allowed anywhere in the community.

6. Students must be reminded/supervised to **WASH** their hands after toileting.

7. After puberty for the totally dependent, diaper students one at a time in the toileting area. For the younger students, separate the boys from the girls with a privacy screen.

8. Use latex gloves when touching genital areas--students can then begin to separate a "daily care touch" from a potential abuse touch. (What business does an ungloved hand have in a student's genital area?)

   Use Periwash to wash this area. Keep this cleanser in a labeled container.

   Latex gloves also prevent the transmission of any body fluids which might carry communicable diseases.

9. Etiquette and respect dictate that student's diapers be checked privately. Except for the "wet line" diapers, check by opening the diaper tape and looking. Staff's fingers down the diaper or feeling the outside of the diaper (cupping) are not acceptable.

10. Students are not to sit on the toilet for longer than 10 minutes at a sitting (a real potential for rectal tissue damage, if left sitting for a longer period).

11. **Staff - wash your hands after toileting and before beginning a new activity.**

PLEASE REFER TO THE STAFF HANDBOOK FOR ADDITIONAL INFORMATION

C. 10.1 - MISCELLANEOUS WORK RULES
When involved in personal care with students, privacy rights and dignity must be observed.

E. 8.1 - Environmental Control Measures for Classrooms

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invis.ah/km

1989

THE DEVELOPMENTAL RESOURCE - Behaviorial Sequences for Assessment and
Program Planning Vol. #2.
Cohen and Gross Grune and Stratton, New York, 1979.

THE DEVELOPMENT OF SELF-HELP SKILLS

INTRODUCTION

Self-help skills—feeding, dressing, toileting, and grooming—are among the first skills the young child learns. Their acquisition marks the beginning of the child's functioning as an independent member of society. The development of these skills also involves the child's first formalized exchanges with some of the expectations and activities unique to his own culture, for these skills do possess a distinctly cultural context. While the neurological, motor, language, and cognitive prerequisites involved may be uniform across cultural boundaries, the nature of the training, expectations, and even the implements used vary from one part of the world to another.

It seems most commonly assumed that such skills develop with very little structured "training." In this country, by the time the child enters a regular public school classroom, he is expected to have mastered at least the fundamentals in these skill areas; he should have learned to feed and dress himself with minimal supervision, to wash his face and hands, brush his teeth and comb his hair with reminders and little assistance, and is generally expected to regulate his own toilet schedule. The process through which these skills are taught takes place most frequently in the home. Although there has been, traditionally, no standardized "curriculum" in this area, it is evident that there is an increasing demand by parents for some guidance as a growing number of books and articles, concerning topics such as feeding and toilet training, appear on the market.

In addition to this popular demand, there is an increasing professional interest in the area. In the past, extreme deficits in self-help skills, especially in regard to independent toileting, resulted in exclusion of certain individuals or populations from the public school domain. Today, especially with the implementation of Public Law 94-142 which guarantees a public educational program to all children, the definition of who is an appropriate candidate for public education has changed. The inclusion of new populations and an emphasis on early intervention as well as a growing interest in preschool and day-care programs result in the enrollment of large numbers of children who have not completed acquisition of basic self-help skills. Their needs make it necessary to reexamine the current definition of education. The term has been most often interpreted as stressing academic priorities, yet if we examine it carefully, we find that a crucial portion involves the "act or process of providing with knowledge, skill, competence, or desirable qualities of behavior or character, or of being so provided, especially by a formal course of study, instruction, or training" (Gove, 1969). This part of the definition should have immediate implications for the new populations with whom professionals are concerned. Where needs within the area of self-help skills have been identified for any child, a "formal course of study, instruction, or training" should be initiated.

For children who have not yet acquired basic self-help skills, then, these skills must receive priority among the educational objectives that are to be established.

A developmental progression within each of the basic self-help areas—feeding, toileting, dressing, and grooming—has been identified (Caplan, 1973; Gesell & Ilg, 1937; Gesell et al., 1974; Kahn, 1977). Like postural development, the growth of these early independent skills follows a basic maturational sequence. The age ranges reported for the acquisition of individual skills are only ranges; no child need cling to the sequence with precision. In fact, much variation is observed among children; and often extreme inconsistency within a single child. The age at which a child first acquires a given skill and the rate at which he builds on it depend, to a large extent, on the kind of training he receives.

Such a presentation of the discrete skills involved in the areas of feeding, toileting, dressing, and grooming may offer extremely helpful guidelines for parent and professional alike, who share responsibilities for the growth of a child regardless of whether that child is said to be developing "normally" or is described as developmentally delayed.

The parent, aware of what the sequence looks like as well as some of the variables that promote or hinder development, knows what to expect and is able to strike a balance between pushing for too much, on the one hand, and doing everything for the child, on the other; if a parent can identify at what stage the child is operating, he or she is able to provide assistance in those tasks the child cannot do and then allow the child to complete the task independently. This is in contrast to "static handling" of the situation, an all or nothing approach that is too often appealing (Gesell et al., 1940).

For the teacher or clinician, the introduction of such skills within a formal, structured setting may seem unfamiliar ground. A developmental sequence may be employed within this situation both to assess where particular children are functioning in regard to "normal" skill demonstration within each of the areas and as a basis for programming, detailing the behaviors necessary and a possible sequence for their introduction.

TOILETING SKILLS

ESTABLISHES GENERAL SCHEDULE

BLADDER CONTROL

Cries when diaper is wet; quiet when changed	4 wk.	Gesell et al., 1974
Urinates frequently and excessively—often very wet when changed (sex difference noted—girls often establish 1–2-hr. interval that they may respond to the pot)	28 wk.	Gesell et al., 1974
May remain dry after hour's nap or a carriage ride and may respond to pot if put on it at once	40 wk.	Gesell et al., 1974
Usually dry after nap and occasionally when awakens during night and early morning—if put on pot immediately after waking	1 yr.	LAP/Ges
Often dry after nap if taken up immediately	15 mo.	Gesell et al., 1974
Bladder control in transitional stage (usually wet after naps)	18–23 mo.	Gesell et al., 1974
• Increasingly dry after nap but still more frequently wet than dry—keeping dry may depend on how quickly he was put on toilet after waking	18 mo.	Gesell et al., 1974
• Best to keep child in diaper or padded training pants, especially during morning play period and night	18 mo.	Gesell et al., 1974
Often wet after nap even though before habits were approaching dry awakening	21 mo.	Gesell et al., 1974
• Has more accidents in the afternoon; more apt to ask for toilet at	21 mo.	Gesell et al., 1974

night after being put to bed than at nap time		
• Remains dry most of night if taken up	2.0 yr. 2.6–2.11 yr.	Gesell *et al.*, 1974 Sher
• Usually wet in morning, even if he has been picked up during night, but tolerates condition	2.0 yr.	Gesell et al., 1974
More frequently dry than wet after naps	2.0 yr.	Gesell et al., 1974
• Dry during day; muscles of bladder coming under control	2.0–2.5 yr.	Sher/Ges
• May show increased frequency—20-min. periods between 5 and 8 P.M.	2.0 yr.	Gesell et al., 1974
Rarely has accidents	2.6 yr.	Gesell et al., 1974
• Has very few daytime wetting accidents	2.6 yr.	Gesell et al., 1974
• May maintain long spans between times of urination—especially girls, who may have a morning span of as much as 5 hr.	2.6 yr.	Gesell et al., 1974
• May relapse to wetting during nap, especially if nap is a long one	2.6 yr.	Gesell et al., 1974
• Remains dry through night only if taken to toilet once or twice during the night	2.6 yr.	Gesell et al., 1974
Usually dry all night	2.0–4.0 yr.	Ges/Sher/LAP
Dry through night	4.0–5.0 yr.	Sher
BOWEL CONTROL		
One to three or even four bowel movements daily upon awakening from sleep	4 wk.	Gesell et al., 1974
One to two bowel movements daily—though day may frequently be skipped	16 wk.	Gesell et al., 1974
• Timing of bowel movement usually consistent; often after a feeding	16 wk.	Gesell et al., 1974
One bowel movement daily, usually early in morning but occasionally in later afternoon	28 wk.	Gesell et al., 1974
• May show strong resistance to the pot	28 wk.	Gesell et al., 1974
• Shows little demand to be changed (Those youngsters who do demand changing "are more apt to be trained easily and early to the pot," p. 112.)		

Makes one to two movements a day, 8–9 P.M., and during afternoon; may respond to a pot if bowel movement occurs directly after breakfast	1 yr.	Gesell et al., 1974
Fusses to be changed after having bowel movement	12 mo.	Ges/LAP
Usually has bowel control	15 mo. 19–20 mo.	LAP/Ges Griffiths, 1954
Usually belongs in one of two distinct categories:	18 mo.	Gesell et al., 1974
• Two movements, usually occurring after breakfast and after dinner for "regular" child (*irregular*—has movements when alone, most commonly midmorning, often when standing at playpen or crib rail)		
May fluctuate in bowel movement patterns; suffer slight relapse, especially associated with teething and accompanied by diarrhea	21 mo.	Gesell et al., 1974
Has accidents infrequently (bowel), though they may come in periods, usually after meals (those with nap accident relationship usually slower trained)	2.0 yr.	Gesell et al., 1974
Has bowel movement one or two times daily, with increasing tendency to skip one or even two days between bowel functioning	2.6 yr.	Gesell et al., 1974
• May vary widely in time, at which movement occurs, although sometimes still having meal or nap relationship.	2.6 yr.	Gesell et al., 1974

CARRIES OUT TOILETING ROUTINE

May want to put toilet paper into pot, flush toilet	1 yr.	Gesell et al., 1974
Indicates wet pants	15 mo.	LAP/Sher/Ges
• If in training pants and makes puddles on the floor, he may point to the puddle and use special word	15 mo.	Gesell et al., 1974
Responds fairly well to being placed on toilet, especially at favorable times, such as after meals and before and after sleeping periods; may not urinate or deficate until taken off toilet	15 mo.	Gesell et al., 1974
• Shows resistance to toilet if placed on it when he does not need to be;	15 mo.	Gesell et al., 1974

"potty chair may be most successful equipment at this age"		
Most do not object to sitting on toilet	18 mo.	Gesell et al., 1974
• May refuse to respond to strange toilet		
Begins to signal need for toilet either by word or fetching the pot—sometimes may judge by unusual quietness that he is about to function	18 mo.	Griffiths, 1954
• Generally wants to be changed after bowel movement, making meaningful sound afterward: "uh-uh" or "k-k"—or by gesture, pulling at pants	18 mo.	Gesell et al., 1974
• If demonstrate high language ability, may refer to bowel movement by name of receptacle	18 mo.	Gesell et al., 1974
Occasionally smears stools	18 mo.	Gesell et al., 1974
Responds best to being asked if he wants to go before being taken to toilet (to urinate)	18 mo.	Gesell et al., 1974
Usually resists toilet	18 mo.	Gesell et al., 1974
If child is in training pants and makes puddle on floor, may continue to point, saying "see" or "pee-pee" and enjoys mopping puddle up	18 mo.	Gesell et al., 1974
• May blame puddles on the cat or on his grandfather	18 mo.	Gesell et al., 1974
• Though may resist toilet at specific times when he does not need it, demonstrates little general resistance to toilet	21 mo.	Gesell et al., 1974
• Some children—chiefly boys—unable to have bowel movement unless completely undressed	21 mo.	Gesell et al., 1974
• Irregular child engages in more smearing episodes, especially after naps	21 mo.	Gesell et al., 1974
May scream for assistance—and from fright—if suddenly has bowel movement in pants	21 mo.	Gesell et al., 1974
May use words or gestures to indicate need to urinate—may go to bathroom alone; though unable to care for self	21 mo.	Gesell et al., 1974
• Indicates toilet needs by restlessness and vocalization	22.5 mo.	Sher/Slos

Verbalizes toilet needs fairly consistently	24.5 mo.	LAP/Sher/Vin/ Ges, 1974
• Differentiates bowel and bladder functions verbally—asks with whatever term he uses	2.0 yr.	Gesell et al., 1974
Does not usually resist routine times before and after sleep, and midmorning and afternoon, except when he does not need to urinate	2.0 yr.	Gesell et al., 1974
Pulls down pants at toilet but seldom able to replace	2.0–2.5 yr.	LAP/Sher
• May request to be left alone on toilet, although must call parents back to help when he finishes (Some will not have bowel movement if placed on toilet but will if they put themselves on.)	2.0 yr.	Gesell et al., 1974
Usually asks to go to bathroom even though he needs no help	2.6 yr.	Gesell et al., 1974
• Some may still resist not only toilet seat but use of any receptacle—often ready at this point to be shifted to bathroom where he may initially use a paper in the corner and slowly adjust to the use of the potty chair or toilet seat, although may yet not tolerate flushing)	2.6 yr.	Gesell et al., 1974
• Usually goes by self if clothes easily managed, removed and facilities are available for climbing up on the toilet	2.6 yr.	Gesell et al., 1974
• Can leave on shoes, socks, and shirt but generally requests that pants or overalls be all the way off	2.6 yr.	Gesell et al., 1974
• Still needs help taking off pants	2.6 yr.	Gesell et al., 1974
• Requests to be left alone on toilet	2.6 yr.	Gesell et al., 1974
• When finished, cries out, "Mommy, all through," and waits to be wiped and put back into his clothes	2.6 yr.	Gesell et al., 1974
Rarely smears stools	2.6 yr.	Gesell et al., 1974
Still prefers potty chair to toilet seat	2.6 yr.	Gesell et al., 1974
Cares for self at toilet; pulls down clothing and can replace	3.0–3.6 yr.	D. P./LAP
• Sits down on toilet without reminder or moves to face toilet without reminder	3.9 yr.	LAP
• Wipes self with toilet paper	3.9 yr.	LAP
• Flushes toilet by self	3.9 yr.	LAP
Goes into bathroom by self and does all of the above	5.0–6.0 yr.	Ges/LAP

VOIDING/BM SCHEDULE

Code

U = Urinate
D = Defecate
O = Nothing Occurred

Requires 30 minute voiding check by staff. The timing is very important for the baseline data for 2 week period.

NAME ______________________ D.O.B.: ____________ DATE ______________

AMBULATION STATUS:

Ambulatory __________ Wheelchair __________ Walker __________ Other __________

COMMUNICATION

Verbal __________ Sign __________ Picture Card __________ Other __________

Once a schedule is established, note on the IEP as to status of toilet training. That is, will toilet training goals be implemented or is the time schedule adequate.

	M	Tu	W	Th	F		M	Tu	W	Th	F	
9:00												
9:30												
0:00												
0:30												
1:00												
1:30												
2:00												
2:30												
:00												
:30												
:00												
:30												
:00												

Special Comments: ____

66/8 ____

Washtenaw Curriculum - SMI/SXI

ANNUAL GOAL II: IMPROVES TOILETING SKILLS

INSTR. OBJ. A: Demonstrates readiness for/begins process of toilet training

(Criterion: 100% of selected performance objectives)

Self Care
II: TOILETING
A: Readiness

NAME

WHERE SUPPORT IS GIVEN

1. Head
2. Trunk
3. Shoulder(s)
4. Elbow(s)
5. Wrist(s)
6. Pelvis
7. Knee(s)
8. Feet

*R-Right L-Left B-Both

ASSISTANCE LEVELS

1. By passively cooperating
2. With maximal physical assistance
3. With moderate physical assistance
4. With minimal physical assistance
5. With physical prompts
6. With imitation
7. With verbal prompts
8. With gestural prompts
9. With visual aid
10. With repeated requests, but no prompts
11. Independently, using adaptive device
12. Independently, without adaptive device
13. Spontaneously
14. Maintains skill

MOVEMENT CHARACTERISTICS

1. Without hesitation
2. Without under- or overestimating
3. Without jerky movements
4. Without compensatory mechanism (describe)
5. With symmetric movements
6. In both directions
7. Without extraneous/stereotypic movements (describe)
8. Without too much/little pressure
9. Without avoidance
10. Skill performed with isolated movements, flexible posture

**Criteria may be a cumulative count (e.g. 10 times) or a percentage (e.g. 4/5 times)

***Achievement date and/or number of successful trials to date (use to record progress or document mastery

PERFORMANCE OBJECTIVES	DATE	*SIDE USED	SUP-PORT	ASSIS-TANCE	MOVE. CHAR.	TIME AND/OR DISTANCE	**CRITER-ION	***ACHIEV. DATE	COMMENTS RELATED TO OTHER MODIFICATIONS SUCH AS POSITION, MOVEMENT
1. Keeps diapers/pants dry for 1 hour at some time during the school day (or comes to school dry)									*SEE PAGE 8 IN PACKET
2. Moves bowels on a regular schedule									
3. Indicates when already wet/soiled by gesture, action, vocalization									
4. Sits on potty chair/toilet when placed, eliminates as needed, and stays dry in between									☐ sits, but does not eliminate ☐ eliminates within ☐ 10 minutes ☐ 5 minutes ☐ 2 minutes ☐ stays dry in between times placed on potty
5. Indicates need to eliminate by gesture, action, vocalization									☐ responds (but not necessarily correctly) when asked ☐ responds correctly when asked ☐ expresses need to eliminate, without being asked

67/9

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68/10

ANNUAL GOAL II: IMPROVES TOILETING SKILLS

INSTR. OBJ. B: Follows appropriate toileting procedure

NAME

(Criterion: 100% of selected performance objectives)

Self Care
II: TOILETING
B: Toileting procedure

WHERE SUPPORT IS GIVEN

1. Head
2. Trunk
3. Shoulder(s)
4. Elbow(s)
5. Wrist(s)
6. Pelvis
7. Knee(s)
8. Feet

*R-Right L-Left B-Both

ASSISTANCE LEVELS

1. By passively cooperating
2. With maximal physical assistance
3. With moderate physical assistance
4. With minimal physical assistance
5. With physical prompts
6. With imitation
7. With verbal prompts
8. With gestural prompts
9. With visual aid
10. With repeated requests, but no prompts
11. Independently, using adaptive device
12. Independently, without adaptive device
13. Spontaneously
14. Maintains skill

MOVEMENT CHARACTERISTICS

1. Without hesitation
2. Without under- or overestimating
3. Without jerky movements
4. Without compensatory mechanism (describe)
5. With symmetric movements
6. In both directions
7. Without extraneous/stereotypic movements (describe)
8. Without too much/little pressure
9. Without avoidance
10. Skill performed with isolated movements, flexible posture

**Criteria may be a cumulative count (e.g. 10 times) or a percentage (e.g. 4/5 times)
***Achievement date and/or number of successful trials to date (use to record progress or document mastery

PERFORMANCE OBJECTIVES	DATE	*SIDE USED	SUP-PORT	ASSIS-TANCE	MOVE. CHAR.	TIME AND/OR DISTANCE	**CRITER-ION	***ACHIEV. DATE	COMMENTS RELATED TO OTHER MODIFICATIONS SUCH AS POSITION, MOVEMENT
1. Goes to bathroom, enters and locks stall									
2. Prepares toilet for sitting									☐ puts up lid ☐ puts down toilet seat
3. FEMALE: Undresses appropriately and eliminates									☐ pulls pants and underpants down below knees ☐ backs up to toilet ☐ sits down, scooting back if necessary ☐ eliminates in toilet
4. MALE: Undresses appropriately and eliminates, using toilet									☐ pulls pants and underpants down below knees ☐ backs up to toilet ☐ sits down, scooting back if necessary ☐ eliminates in toilet
5. MALE: Uses urinal appropriately									☐ unzips/unfastens pants ☐ stands at urinal/toilet ☐ urinates into urinal/toilet
6. Wipes self following elimination									☐ locates toilet paper and finds loose end ☐ tears off appropriate amount of paper ☐ folds paper ☐ drops paper into toilet

ANNUAL GOAL II: IMPROVES TOILETING SKILLS

INSTR. OBJ. B: Follows appropriate toileting procedure (continued)

NAME

Self Care
II: TOILETING
B: Toileting procedure

(Criterion: 100% of selected performance objectives)

WHERE SUPPORT IS GIVEN

1. Head
2. Trunk
3. Shoulder(s)
4. Elbow(s)
5. Wrist(s)
6. Pelvis
7. Knee(s)
8. Feet

*R-Right L-Left B-Both

ASSISTANCE LEVELS

1. By passively cooperating
2. With maximal physical assistance
3. With moderate physical assistance
4. With minimal physical assistance
5. With physical prompts
6. With imitation
7. With verbal prompts
8. With gestural prompts
9. With visual aid
10. With repeated requests, but no prompts
11. Independently, using adaptive device
12. Independently, without adaptive device
13. Spontaneously
14. Maintains skill

MOVEMENT CHARACTERISTICS

1. Without hesitation
2. Without under- or overestimating
3. Without jerky movements
4. Without compensatory mechanism (describe)
5. With symmetric movements
6. In both directions
7. Without extraneous/stereotypic movements (describe)
8. Without too much/little pressure
9. Without avoidance
10. Skill performed with isolated movements, flexible posture

**Criteria may be a cumulative count (e.g. 10 times) or a percentage (e.g. 4/5 times)
***Achievement date and/or number of successful trials to date (use to record progress or document mastery

PERFORMANCE OBJECTIVES	DATE	*SIDE USED	SUP-PORT	ASSIS-TANCE	MOVE. CHAR.	TIME AND/OR DISTANCE	**CRITER-ION	***ACHIEV. DATE	COMMENTS RELATED TO OTHER MODIFICATIONS SUCH AS POSITION, MOVEMENT
7. Stands up and dresses									☐ gets off toilet and moves forward ☐ pulls up pants and fastens
8. Flushes toilet									☐ turns around to face toilet ☐ puts hand on flush handle ☐ pushes down and releases handle
9. Puts toilet lid down and leaves stall									☐ lowers lid and/or seat ☐ turns around and opens stall door
10. Washes hands (see "Personal Grooming/ Hygiene")									
11. Follows toileting procedure as independently as possible requesting permission or not as appropriate									

11/69

20/1/92 LFESPACES tion	Subsection	Task Analysis	I.O. #
Personal Needs	Toileting	Responds To Routine Toileting Times	203.006

Subtask Steps	General Instructions
3. Goes to toilet at regular intervals	3. Student must have the physical maturity to void at regular intervals. If student is wet at irregular intervals or wet each time checked, he/she is not ready for toileting. Establish a baseline by checking and charting (p.8 at half-hour intervals throughout the day. Do not provide reinforcers at this time. Toileting program goals would be decided upon at this time.
2. Voids into toilet at times indicated	2. When student has established a pattern, place student on commode 5-10 minutes before deadline. Don't leave child on commode for more that 15-20 minutes. When student voids into commode, reinforcement should be immediate.
1. Controls bladder until toileted	1. Have student go to toileting area at increasingly lengthier periods of time. Student will not progress to this step until he/she shows discomfort from being wet/soiled. Use same process for bowel training.

Prerequisite Skills/Related Skills	Materials
203.001 003.002 203.003 203.004 203.005	Toilet-Commode Timer

73

74

Section	Subsection	Task	I.O. #
Personal Needs	Toileting	Follows Complete Toileting Sequence	203.016

Subtask Steps	General Instructions
8. Indicates need or responds to routine toileting*	When student indicates need or at toileting time, have student go to the bathroom area and walk to toilet or into bathroom stall.
7. Walks to toilet	When student enters toileting area, immediately place student's hands and verbally prompt for undressing and toileting.
6. Unfastens and lowers necessary clothing	As soon as student has unfastened, lowered clothing, place hands on shoulders and verbally prompt student to sit, using slight downward pressure to shoulders.
5. Sits on toilet (voids)	
4. Uses toilet tissue	Have student use toilet tissue (See T.A.)
3. Redresses	Immediately after, verbally prompt student to stand and redress.
2. Flushes toilet	Have student flush toilet.
1. Washes hands	Have student wash hands (See T.A.)

Note: This activity is used for both males and females. Standing for males is a higher skill and can be taught later. All prompts should be faded as student gains proficiency.

* If the student requires special assistance, the toileting program will have been worked out by the classroom staff, family and Occupational Therapist.

Prerequisite Skills/Related Skills

203.006	203.010
203.007	203.011
203.008	203.012
2[illegible] 09	203.015

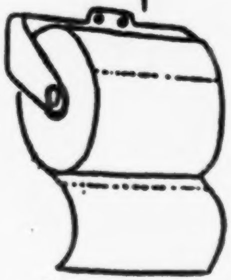
Materials

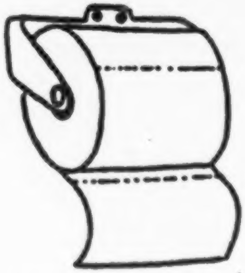
bathroom/toilet and sink

4/22

Section	Subsection	Task	I.O. #
Personal Needs	Toileting	Uses Toilet Tissue As Necessary	203.015

Subtask Steps	General Instructions
6. Grasps end of roll of paper	6. Have student find and grasp the end of roll between thumb and forefinger.
5. Pulls several sheets off roll	5. Have student pull end from roll until four or five sheets have been pulled. You may initially wish to use stimulus lines and fade as student gains proficiency, and tears at perforations.
4. Folds paper into pad	4. Have student fold paper along perforations - end over end or accordian style. Use same technique each time.
3. Wipes anal area - front to back (females)	3. Have student bring paper around back and wipe front to back. This is important in female for the prevention of contamination of genital areas by feces.
2. Drops paper into toilet	2. Have student drop soiled paper into toilet.
1. Repeats until clean	1. Repeat until clean. Have student flush toilet.





Prerequisite Skills/Related Skills	Materials
203.008	toilet tissue, Sears catalog(!)

Section	Subsection	Task	I.O. #
Personal Needs	Toileting	Uses Toilet Appropriate To Own Sex - Male	203.014

Subtask Steps	General Instructions
11. Goes to bathroom area	11. Have student go to toileting area (sex appropriate)
10. Stands facing commode	10. Have student stand facing commode or urinal.
9. Lifts seat prior to urination	9. Have student lift seat if appropriate.
8. Unzips/unfastens pants	8. Have student unfasten pants but leave belt and waist band fastened,
7. Removes penis from under shorts and pants	7. Have student remove his penis from undershorts and pants,
6. Holds penis down	6. Have student hold penis midway and point downward to the commode or urinal,
5. Aims correctly	5. Have student maintain grasp on penis and control the directional flow of urine.
4. Shakes off excess urine	4. Have student shake off excess urine.
3. Replaces penis in undershorts and pants	3. Have student replace penis and readjust clothing,
2. Flushes toilet	2. Have student flush toilet.
1. Lowers seat	1. Have student lower seat and wash hands. (See T.A.)

Prerequisite Skills/Related Skills		Materials
203.001 203.005 203.006	203.012 203.016	toilet/commode urinal

73/15

Fred Acceri at the PRC ran an ERIC information check on Toileting and the SMI/SXI student. I have enclosed the references he found. If you are interested in any of the articles, request Fred to send a copy to you.

Fred can be reached at 467-1300 (PRC).

l: EJ184802
l: Trott,-Maryann-Colby
: Application of Foxx and Azrin **Toilet Training** for the Retarded in a School Program
': 1977
l: Education-and-Training-of-the-Mentally-Retarded; 12; 4; 336-8

I: The Long-Term Effects of a **Toilet Training** Programme for the Retarded: A Pilot Study
': 1976
l: Australian-Journal-of-Mental-Retardation; 4; 4; 28-35
/: Reprint Available (See p. vii): UMI

---

l: EJ149993
J: Olofsson,-Gunilla; Karan,-Orv.-C.
I: **Toilet Training** in the Sheltered Workshop--Why Not?
': 1976
l: Rehabilitation-Counseling-Bulletin; 20; 1; 69-72

N: EJ146628
J: Singh,-Nirbhay-Nand
I: **Toilet Training** a Severely Retarded Nonverbal Child
Y: 1976
N: Australian-Journal-of-Mental-Retardation; 4; 1: 15-8

N: EJ227450
U: Dixon,-Joe-W.; Saudargas,-Richard-A.
I: **Toilet Training**, Cueing, Praise, and Self-Cleaning in the Treatment of Classroom Encopresis: A Case Study.
Y: 1980
N: Journal-of-School-Psychology; v18 n2 p135-40 Sum 1980
V: Reprint: UMI

AN: EJ198074
AU: Williams,-F.-Edward, Jr.; Sloop,-E.-Wayne
TI: Success with a Shortened Foxx-Azrin **Toilet Training** Program.
PY: 1978
JN: Education-and-Training-of-the-Mentally-Retarded; v13 n4 p399-402 Dec 1978

AN: EJ194176
AU: Bettison,-Sue
TI: **Toilet Training** the Retarded: Analysis of the Stages of Development and Procedures for Designing Programs.
PY· 1978
74/16 ıstralian-Journal-of-Mental-Retardation; v5 n3 p95-100 Sep 1978

AU: Anderson,-Dana-McCoy
TI: Ten Years Later: **Toilet Training** in the Post-Azrin-and-Foxx Era.
PY: 1982
JN: Journal-of-the-Association-for-the-Severely-Handicapped-(JASH); v7 n2
p71-79 Sum 1982
AV: Reprint: UMI

AN: EJ313835
AU: Dunlap,-Glen; And-Others
TI: Continuity of Treatment: **Toilet Training** in Multiple Community Settings.
PY: 1984
JN: Journal-of-the-Association-for-Persons-with-Severe-Handicaps-(JASH); v9 n2
p134-41 Sum 1984

AN: EJ272752
AU: Anderson,-Dana-McCoy
TI: Ten Years Later: **Toilet** Training in the Post-Azrin-and-Foxx Era.
PY: 1982
JN: Journal-of-the-Association-for-the-Severely-Handicapped-(JASH); v7 n2
p71-79 Sum 1982
AV: Reprint: UMI
AB: Studies dealing with **toilet** training of severely/profoundly retarded
persons are reviewed since the systematic operant approach of N. Azrin and R.
Foxx in 1971. Replications are said to be few in number and equivocal in
results, although modifications with retarded and nonretarded pupulations have
produced informative and innovative approaches. (Author/CL)

AN: ED158450
AU: Grosek,-Robert-J.
TI: Variables That Predict Success in the Acquisition of Toileting Skills.
Report-78-02.
CS: Broome Developmental Center, Binghampton, N.Y.
PY: 1978
NT: 17 p.
PR: EDRS Price - MF01/PC01 Plus Postage.

AN: ED119419
AU: Passman,-Richard-H.
TI: **Toilet Training** Profoundly Retarded Adults with an Automatic Device.
PY: [1975]
NT: 6 p.
PR: EDRS Price - MF01/PC01 Plus Postage.

AN: ED117921
AU: Moor,-Pauline-M.
TI: Toilet Habits: Suggestions for Training a Child Who Is Blind.
CS: American Foundation for the Blind, New York, N.Y.
NT: 12 p.
PR: EDRS Price - MF01/PC01 Plus Postage.

AN: EJ248541
AU: Hee,-Joanne; McClennen,-Sandra
TI: Comparison of Severely Retarded Students from Homes and Institutions
Integrated in a Public School Setting.
PY: 1981
JN: Journal-for-Special-Educators; v17 n3 p213-23 Spr 1981
AV: Reprint: UMI

AN: EJ230389
AU: Snell,-Martha-E.
TI: Does **Toilet Training** Belong in the Public Schools? A Review of **Toilet**
Training Research.
PY: 1980
JN: Education-Unlimited; v2 n3 p53-58 Apr 1980

75/17

A case for teaching functional skills

by Preston Lewis

It is not uncommon to find instances of curricular content for students with moderate to severe handicaps based primarily on information derived from the administration of norm-referenced evaluation instruments. A dilemma often results when an attempt is made to translate test items failed at particular levels or mental ages into actual tasks to be taught. Not only were these evaluation tools never intended to be used in this manner, but the result is that students end up spending a majority of their school day being taught skills that are totally artificial and/or extremely age-inappropriate. Given the time it takes students with moderate to severe mental handicaps to acquire and maintain even functional skills, there is no time or justification for devoting instruction to teaching items that are selected from a developmentally-based hierarchy of supposed "pre-requisite" skills. A scenario of the outcome for one such student is portrayed below.

My other brother Daryl
18 years old, TMH (30-40 IQ).
Been in school 12 years.
Never been served in any setting other than elementary school.
He has had a number of years of "individual instruction."
He has learned to do a lot of things!

Daryl *can now* do lots of things he couldn't do before!

He can put 100 pegs in a board in less than 10 minutes while in his seat with 95 percent accuracy.

But, he can't put quarters in vending machines.

Upon command he can "touch" nose, shoulder, leg, foot, hair, ear. He's still working on wrist, ankle, hips.

But, he can't blow his nose when needed.

He can now do a 12 piece Big Bird puzzle with 100 percent accuracy and color an Easter Bunny and stay in the lines!

But, he prefers music, but was never taught how to use a radio or record player.

He can now fold primary paper in halves and even quarters.

But, he can't fold his clothes.

He can sort blocks by color; up to 10 different colors!

But, he can't sort clothes; whites from colors for washing.

He can roll Play Dough and make wonderful clay snakes!

But, he can't roll bread dough and cut out biscuits.

He can string beads in alternating colors and match it to a pattern on a DLM card!

But, he can't lace his shoes.

He can sing his ABC's and tell me names of all the letters of the alphabet when presented on a card in upper case with 80 percent accuracy.

But, he can't tell the mens room from the ladies room when we go to McDonald's.

He can be told it's cloudy/rainy and take a black felt cloud and put it on the day of the week on an enlarged calendar (with assistance).

But, he still goes out in the rain without a raincoat or hat.

He can identify with 100 percent accuracy 100 different Peabody Picture Cards by pointing!

But, he can't order a hamburger by pointing to a picture or gesturing.

He can walk a balance beam frontwards, side-ways and backwards!

But, he can't walk up the steps or bleachers unassisted in the gym to go to a basketball game.

He can count to 100 by rote memory!

But, he doesn't know how many dollars to pay the waitress for a $2.59 McDonald's coupon special.

He can put the cube in the box, under the box, beside the box and behind the box.

But, he can't find the trash bin in McDonalds and empty his trash into it.

He can sit in a circle with appropriate behavior and sing songs and play "Duck, Duck, Goose."

But, nobody else in his neighborhood his age seems to want to do that.

I guess he's just not ready yet.

SPECIAL EDUCATION HEALTH CURRICULUM

Wayne County Intermediate School District

SPECIAL EDUCATION SCHOOL HEALTH CURRICULUM

(An Addendum to the Michigan Model Comprehensive School Health Curriculum)

Users' Guide

This health curriculum was written for students who are functioning at the SMI, TMI, or low EMI level. It was adapted from the Michigan Model for Comprehensive School Health Education. The ten topic areas in the Michigan Model correspond to the nine annual goals of this curriculum. (Consumer Health and Community Health, which are topics VIII and X in the Michigan Model, were combined in this curriculum, becoming Annual Goal VIII.) The subsections under each of the topic areas in the Michigan Model correspond to the short-term instructional objectives in this curriculum. In some instances a couple of subsections were combined into one instructional objective. Skills were consolidated in this process, but not omitted.

Within each instructional objective a sequence of performance objectives has been written, beginning with the most basic or easiest to master. Additional information has been included with each skill, such as the educational level at which it might be most appropriately taught. Teachers who use this curriculum will want to select skills based on the needs and abilities of particular students, not merely on the levels suggested. The skills in this curriculum are presented in a format that facilitates record-keeping for individual students. An explanation of how to use these forms follows, as well as a sample "Class Record-Keeping Form" that can be used to record progress for a group of students.

Short-Term Instructional Objective Criteria

Criteria for IO's have not been written; they need to be filled in at the IEPC meeting. In many cases "100% of selected PO's" will be the most meaningful criterion for an IO, since many of the skills involved are not measurable by other means (e.g. no standardized test exists to measure mastery of personal care skills). The criterion of a 100% was chosen based on the assumption that most teachers choose a few performance objectives at a time for each of their students. Then, when the student has mastered the first few, a few more are selected. Using this approach, one would assume that all or virtually all of the performance objectives selected would be achieved by the time of the next IEPC meeting. Other criteria that might be used include "at least 5 performance objectives" or "a grade of "C" or better on unit test".

Performance Objective Criteria

The criteria given for performance objectives are merely suggestions. In some situations the student will need to perform the skill more times than indicated in order for mastery to be certain. SMI students may, for example, need to perform a skill more times than a TMI student. When 80% for 100% is given as a criterion, it assumes that the teacher is observing the behavior during a limited period of time - not for ever and ever. A frequently used criteria in this curriculum was the cumulative count, e.g.

5 times (5 x) which means the student has performed the task on 5 separate occasions.

Terminology

"AG" means annual goal.

"IO" means instructional goal.

"PO" means performance objective.

"Identifies" means points to object named by adult (usually used in situations in which student is unable to name it him/herself).

"Recognizes" means identified when named/seen/heard and understands meaning of (e.g. fire alarm).

"Names" means gives name of object/place/etc. when asked, e.g. "What is this?" or "Where can you go for medical information?"
NOTE: students who are unable to say or sign answers (or use another communication device) can use a simpler response mode - e.g. respond to a yes/no question, such as "Is Mrs. Johnson your teacher?"

"Lists" is used when several items are being named or steps in a procedure are being given.

"States" is used when one or more facts are to be learned, and are told/stated to the teacher as evidence of mastery.

"Describes" is used when more is involved than merely listing or stating items as facts. Greater understanding of a subject is usually required when a student must describe something.

"Demonstrates" means shows mastery by doing. Sometimes it is necessary to role play or simulate the situation in which the action is being demonstrated (e.g. first aid techniques).

Education Level

The approximate level that one would expect to find an EMI or TMI student working on a particular skill has been marked as indicated below. A student functioning at the EMI level would, of course, be expected to learn many of these skills at an earlier age than a TMI student. EMI students may also be expected to achieve more of the skills in the curriculum than students functioning at a lower level.

P = primary (through age 12)
I = intermediate (12 - 18)
A = advanced or young adult (18 - 26)

SMI

PO's with the letter "S" in this column are skills that SMI students would work on at some point during their school career. They may be adapted, as necessary, to meet the needs and abilities of the students. Some SMI students will be able to master other skills as well. The educational levels described above are not necessarily appropriate for SMI students.

Required By

"Required by" is a place to indicate any legal or other requirements, e.g. prior approval required under P.A. 226. The activities that accompany this series of goals and objectives are for the "226" objectives only. Skills required for graduation could also be coded in some way.

Date Selected and Date Completed

The "Date Selected" and "Date Completed" columns are helpful in documenting the progress students are making. Some teachers will select many skills right after the IEPC meeting and then evaluate progress at the end of the year or before the next IEPC meeting. Others may choose to select only a few skills at a time, evaluate at short intervals, record the skills mastered frequently and then select new performance objectives.

Assistance Levels and Comments

It is suggested that teachers use a code to indicate the level of assistance required by a student to complete a task. Assistance levels are often important for demonstrating progress on a skill even though the student has not mastered it as yet. Assistance levels may not be appropriate for all performance objectives or for all students. They should be chosen only when appropriate or needed. Suggested code for Assistance Levels:

C	By passively cooperating
P	With physical prompts/assistance
I	With imitation
VB	With verbal prompts
G	With gestural prompts
VS	With visual prompts
R	With repeated requests, but no prompts
IN	Independently
S	Spontaneously
M	Maintains skill

This column may also be used for recording brief comments about a student's performance. For instance, the teacher may want to record any adaptive device or special equipment that is needed.

Pre/Post Tests

Pre/post tests have not been developed for this curriculum but samples of what they might look like are attached. These could be given orally to the student. Many of the skills can be assessed through observation only.

Group/Class Record-Keeping Form

A sample of a group record-keeping form is attached. This allows for selection of any of the PO's in one IO for up to 20 students. For classroom teachers who are teaching these health topics in a more traditional group or course format, this form may be all that is needed in terms of recording progress. Note that there was not enough space on this sheet to include all the information contained in some of the performance objectives, so it may be necessary to refer to the curriculum when using these forms. Also, there is only room for recording a date or check to indicate selection/completion; assistance levels and other comments will not fit.

Written By

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Ann Heler - WCISD
Concetta Medley - Wayne-Westland
Sandra Greek - Garden City Developmental Learning Program
Glen Allen - Wayne-Westland
Judith Spike - Wayne-Westland
Cynthia Warren - Northville

Acknowledgements

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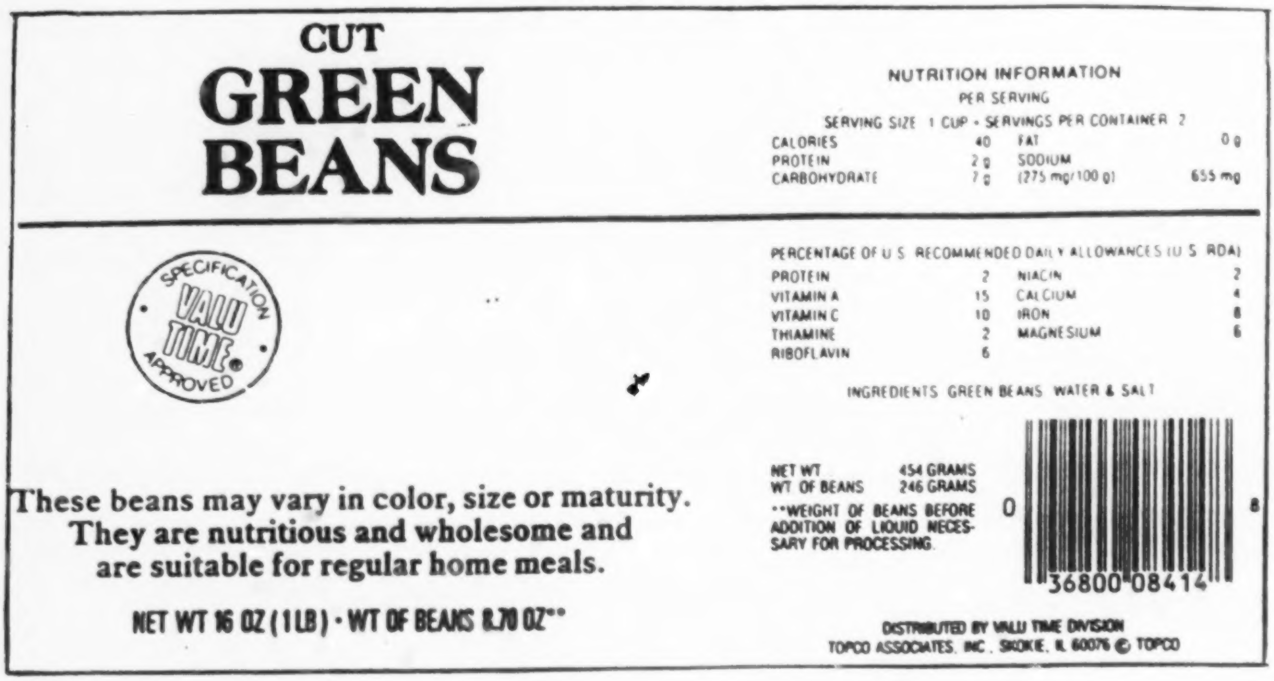
Mary O'Neill - Garden City
Jill England - Washtenaw ISD

Activities Collected and Written By

Ann Heler - WCISD
Concetta Medley - Wayne-Westland
Judith Spike - Wayne-Westland
Margo Markowitz - Northville

Use the following labels to answer the questions below each:



CUT
GREEN
BEANS

NUTRITION INFORMATION
PER SERVING
SERVING SIZE 1 CUP • SERVINGS PER CONTAINER 2

CALORIES	40	FAT	0 g
PROTEIN	2 g	SODIUM	
CARBOHYDRATE	7 g	(275 mg/100 g)	655 mg

PERCENTAGE OF U S RECOMMENDED DAILY ALLOWANCES (U S RDA)

PROTEIN	2	NIACIN	2
VITAMIN A	15	CALCIUM	4
VITAMIN C	10	IRON	8
THIAMINE	2	MAGNESIUM	6
RIBOFLAVIN	6		

INGREDIENTS GREEN BEANS WATER & SALT

SPECIFICATION VALU TIME® APPROVED

NET WT	454 GRAMS
WT OF BEANS	246 GRAMS

**WEIGHT OF BEANS BEFORE ADDITION OF LIQUID NECESSARY FOR PROCESSING.

0 36800 08414 8

These beans may vary in color, size or maturity. They are nutritious and wholesome and are suitable for regular home meals.

NET WT 16 OZ (1 LB) • WT OF BEANS 8.70 OZ**

DISTRIBUTED BY VALU TIME DIVISION
TOPCO ASSOCIATES, INC., SKOKIE, IL 60076 © TOPCO

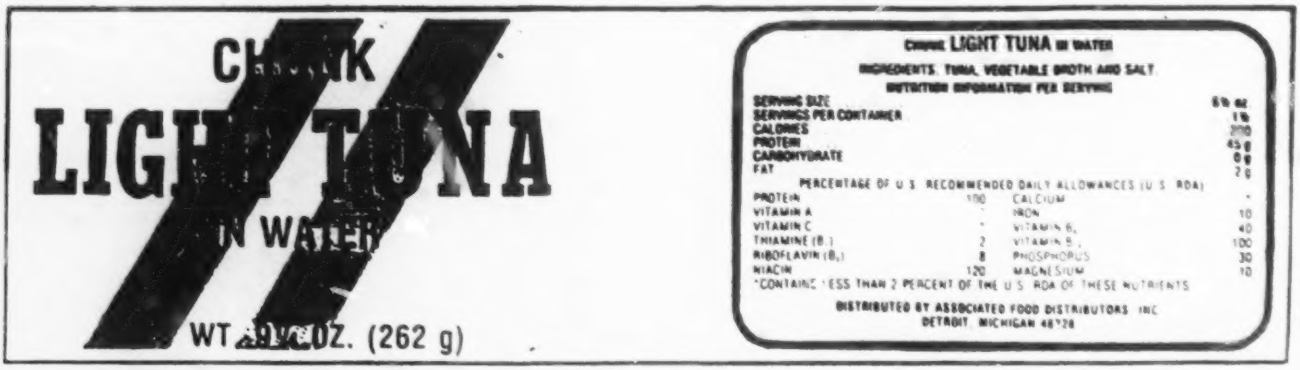
a. What is in this can? ______________________________

b. Is there any salt in it? ______________________________

c. How much does it weigh? ______________________________

d. How many calories are in one serving? ______________________________

e. How many grams of protein are in one serving? ______________________________



CHUNK
LIGHT TUNA
IN WATER
WT [illegible]OZ. (262 g)

CHUNK LIGHT TUNA IN WATER
INGREDIENTS: TUNA, VEGETABLE BROTH AND SALT
NUTRITION INFORMATION PER SERVING

SERVING SIZE	6½ oz
SERVINGS PER CONTAINER	1½
CALORIES	200
PROTEIN	45 g
CARBOHYDRATE	0 g
FAT	2 g

PERCENTAGE OF U S RECOMMENDED DAILY ALLOWANCES (U S RDA)

PROTEIN	100	CALCIUM	*
VITAMIN A	*	IRON	10
VITAMIN C	*	VITAMIN B₆	40
THIAMINE (B₁)	2	VITAMIN B₁₂	100
RIBOFLAVIN (B₂)	8	PHOSPHORUS	30
NIACIN	120	MAGNESIUM	10

*CONTAINS LESS THAN 2 PERCENT OF THE U S RDA OF THESE NUTRIENTS

DISTRIBUTED BY ASSOCIATED FOOD DISTRIBUTORS INC
DETROIT, MICHIGAN 48728

a. What is in this can? ______________________________

b. Is there any salt in it? ______________________________

c. How much does it weight? ______________________________

d. How many calories are in one serving? ______________________________

e. How many grams of protein are in one serving? ______________________________

AG-III: LEARNS ABOUT NUTRITION
IO-A
PO-19

Write the name of each food in the food group to which it belongs:

chicken
cheese
rice
apple
ice cream

carrots
tuna fish
oatmeal
milk
nuts

eggs
yogurt
hamburger
broccoli
crackers

cottage cheese
macaroni
orange juice
toast
cucumber

MILK GROUP

1.
2.
3.
4.
5.

MEAT GROUP

1.
2.
3.
4.
5.

FRUIT VEGETABLE GROUP

1.
2.
3.
4.
5.

BREAD AND CEREAL GROUP

1.
2.
3.
4.
5.

HEALTH

ANNUAL GOAL IX: LEARNS SAFETY AND FIRST AID SKILLS

IO-A: LEARNS PERSONAL IDENTIFICATION, EMERGENCY, AND RISK ASSESSMENT SKILLS (Criterion:)

STUDENTS' NAMES	PO-1 Carries/wears identification at all times (100%)	PO-2 Responds when called by name (e.g. comes forward, looks up, stops moving) (5/5)	PO-3 Responds correctly to commands (e.g. "stop", "come here", "don't touch") (5/5)	PO-4 Names (or identifies) teacher/caregiver when questioned (3)	PO-5 States (or identifies) personal identification (3/3)	PO-6 States meaning of "emergency" (1)	PO-7 Names individuals to contact in emergency (2)	PO-8 Recognizes own belongings and keeps them in safe place (e.g. locker, pocket) (100%)	PO-9 Locates telephone numbers that might be needed in emergency (2)	PO-10 Telephones for help (2)	PO-11 Assesses and states dangerous or risky situations for self (2)									

AG-I LEARNS ABOUT DISEASE PREVENTION AND CONTROL

IO-A	LEARNS ABOUT THE CONCEPT OF WELLNESS AND TAKES RESPONSIBILITY FOR MAINTAINING HEALTH/PREVENTING ILLNESS NOTE: see also AG-II and AG-III (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes behaviors/feelings associated with being "well" and with being "sick" (e.g. when well nothing hurts, is happy; when sick does not feel like playing, may have pain)	1 x				P	S	
PO-2	States advantages of maintaining health/staying well	1 x				P		
PO-3	Lists activities/practices which promote "wellness" ☐have regular health check-up ☐get adequate sleep ☐exercise regularly ☐eat balanced diet	1 x				P		
PO-4	Follows the personal health care practices recommended for his/her own physical/health condition (e.g. takes medication, follows diet, has regular medical examination)					A		
PO-5	Identifies items/people as clean or dirty	1 x				P	S	
PO-6	Washes hands/face until clean when requested	1 x				P	S	
PO-7	Uses self care procedures to keep clean/prevent illness ☐bathes regularly, including brushing teeth and washing hair ☐washes hands after using bathroom ☐washes hands before meals	90%				P	S	

AG-I IO-A (continued)

PO-8	Follows health practices to prevent illness []dresses appropriately for weather []eats nutritious meals []gets reasonable amount of sleep []takes vitamins, if recommended []exercises regularly []refrains from smoking []refrains from rubbing/poking eyes, ears, etc.	90%	P	S
PO-9	Describes/uses procedures to prevent the spread of germs []blows nose into tissue []throws tissue into basket []refrains from putting shared toys into mouth []keeps hands out of mouth/nose []covers mouth when coughing []stays home when sick (away from people) []does not share drinking glasses, lipstick, etc.	1 x	P	S
PO-10	Receives immunizations/vaccinations, if recommended	100%	P	S
PO-11	States that communicable diseases can be spread and gives examples of 3 (e.g. flu, common cold, mumps)	1 x	I	
PO-12	Defines immunization and tells which diseases one should be vaccinated against	1 x	I	
PO-13	Lists health professionals and the service each provides (e.g. doctors, nurses, dentists)	1 x	I	
PO-14	Names routinely used medical instruments and tells their function(s)	1 x	I	

PO-15	States importance of routine self-examinations []breast []penis []scrotum	1	x	A
PO-16	States importance of specific routine medical examinations and states that only a doctor should perform them []breast []penis []pelvis []rectum []vision []hearing	1	x	A
PO-17	States appropriate person to contact for information about or assistance with a health problem	1	x	A

AG-I LEARNS ABOUT DISEASE PREVENTION AND CONTROL

IO-B LEARNS ABOUT THE CAUSES AND TREATMENT OF DISEASES
NOTE: see also AG-VII (Criterion:)

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Gives the meaning of the word "symptom" and lists examples of symptoms of common illnesses []watery eyes []headache []sneezing/coughing []feeling cold one minute, hot the next []stomachache/nausea []swollen glands []fever []bumps/rash on skin	1 x				P	S	
PO-2	Recognizes symptoms of common illnesses in self and responds appropriately []tells designated person []stays indoors []avoids getting close to other people []rests and eats appropriately []follows instructions of doctor/designated person []calls doctor if temperature is above 103°	3 x				P	S	
PO-3	Describes difference between communicable diseases and non-communicable/chronic conditions/diseases	1 x				I		
PO-4	States appropriate procedures for treating each of the following: []influenza []common cold []fever []diarrhea []constipation	1 x				I		
PO-5	States importance of treating colds and influenza in order to prevent secondary infections (e.g. ear infections, bronchitis, sinusitis, pneumonia)	1 x				I		
PO-6	Lists symptoms of vaginal infections (e.g. yeast infection) and procedure to follow if discovered	1 x				A		226

AG-I IO-B (continued)

PO-7	List symptoms of penis infections and procedures to follow if discovered	1 x	A	226
PO-8	List Sexually Transmitted Diseases (STDs) warning signals and procedure to follow if discovered	1 x	A	226
PO-9	States facts related to STDs except AIDS (Acquired Immune Deficiency Syndrome) []infection can be sexually transmitted []untreated STDs can result in physical damage []some STDs are curable; others are controllable although not curable	1 x	A	226
PO-10	States facts related to AIDS []is transmitted sexually, through blood transfusions, or through the use of shared hypodermic needles []is very serious and leads to early death	1 x	A	226
PO-11	Lists cancer warning signals []change in bowel/bladder habits []sore that does not heal []change in mole/wart []nagging cough/hoarseness []lump on body/breasts []unusual bleeding/discharge []indigestion/difficulty swallowing	1 x	A	

AG-I 10-B (continued)

PO-12	States facts related to chronic illnesses (e.g. epilepsy, diabetes, multiple sclerosis) []chronic illnesses are usually not curable but can often be controlled []following prescribed treatment is essential []it is important to discriminate between chronic and acute illness when determining the need for medical attention	1 x	A
PO-13	Contacts doctor if symptoms of serious illness occur []warning signals of serious disease (e.g. cancer, STD, Reyes syndrome) []seizures []high fever []severe/prolonged vomiting	1 x	A
PO-14	States cautions related to medication []avoid aspirin or drugs containing aspirin for treating colds and influenza []take only medication prescribed for self []take medication as directed	1 x	A

AG-I LEARNS ABOUT DISEASE PREVENTION AND CONTROL

IO-C	LEARNS ABOUT THE RELATIONSHIP BETWEEN HEALTH AND LIFESTYLE/ENVIRONMENT (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	States that not all diseases are caused by the spread of germs, i.e. some are inherited, others are caused by environmental conditions	1 x				I		
PO-2	Lists diseases that are caused/affected by pollution in the environment (e.g. allergies, lung disease, skin rashes, nausea, headaches)	1 x				I		
PO-3	Describes relationship between personal habits and health (e.g. drinking, smoking, over eating, taking drugs)	1 x				I		
PO-4	Describes relationship between stressful events and health (e.g. loss of job, divorce, death)	1 x				I		
PO-5	Describes relationship between personal lifestyle and health (e.g. working too hard or not exercising enough can cause heart disease; too much sun can cause skin cancer)	1 x				I		
PO-6	Describes relationship between emotional stability and health (e.g. loss of loving relationship can cause depression)	1 x				A		
PO-7	Describes the importance of having a positive attitude toward maintaining health	1 x				A		

AG-I IO-C (continued)

PO-8	Evaluates own health regularly []assesses own health status as same/better/worse []lists factors which might affect health status (e.g. growing older, change in weather/seasons) []makes changes in lifestyle/medication/etc. as needed	3 x	A

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-A	FOLLOWS TOILETING PROCEDURES (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Cooperates with toileting/diapering procedures	100%				P	S	
PO-2	Keeps diapers/pants dry for 1 hour at some time during the school day (or comes to school dry)	4/5 da.				P	S	
PO-3	Moves bowels on a regular schedule for one month	1 x				P	S	
PO-4	Indicates when already wet/soiled by gesture, action, vocalization	5 x				P	S	
PO-5	Sits on potty chair/toilet when placed, eliminates as needed and stays dry in between	3/3 da.				P	S	
PO-6	Indicates need to eliminate []responds correctly when asked whether needs to eliminate, by gesture, action, vocalization []expresses need to eliminate without being asked, by gesture, action, vocalization	10 x ea.				P	S	
PO-7	Goes to bathroom and enters/locks stall	5 x				P	S	
PO-8	Prepares toilet for sitting []puts up lid []puts down toilet seat	5 x ea.				P	S	
PO-9	FEMALE: Undresses appropriately and eliminates []pulls pants and underpants down below knees pulls up skirt and pulls underpants down below knees []backs up to toilet []sits down, scooting back if necessary []eliminates in toilet	5 x ea.				P	S	

PO-10	MALE: Undresses appropriately and eliminates WHEN SITTING ON TOILET: []pulls pants and underpants down below knees []backs up to toilet []sits down, scooting back if necessary []eliminates in toilet WHEN STANDING AT URINAL/TOILET []unzips/unfastens pants []stands at urinal/toilet []urinates into urinal/toilet	5 x ea.	P	S
PO-11	Wipes self following elimination []reaches for toilet paper []turns roll to find end []tears off appropriate amount of paper, holding roll steady with other hand if necessary []folds paper []wipes properly with paper []drops paper into toilet	5 x ea.	P	S
PO-12	Stands up and dresses []gets off toilet and moves forward []pulls up pants and fastens	5 x ea.	P	S
PO-13	Flushes toilet []turns around to face toilet []puts hand on flush handle []pushes down and releases handle	5 x ea.	P	S
PO-14	Puts toilet lid down and leaves stall []lowers lid and/or seat []turns around and opens stall door	5 x ea.	P	S

AG-II IO-A (continued)

PO-15 Washes hands	5 x	P	S
PO-16 Follows toileting procedure as independently as possible requesting permission or not, as appropriate	5 x	P	S
PO-17 Uses public restrooms	3 x	I	S
PO-18 Adapts toileting procedures as needed []catheterizes self []transfers from wheelchair to toilet and back again	5 x	I	S

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-B	WASHES/BATHES/SHOWERS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Cooperates with washing/bathing procedures	100%				P	S	
	HANDS							
PO-2	Tolerates water on hands []allows hands to be splashed with water []puts hands in water	5 x ea.				P	S	
PO-3	Washes hands with soap []goes to sink []turns on warm water []puts hands under water []picks up bar soap/gets liquid soap from dispenser []rubs hands with soap to lather [](if bar soap) puts soap back in soap dish []puts hands under water and rubs together to rinse []turns off water	5 x ea.				P	S	
PO-4	Dries hands with paper towel []pulls paper towel from dispenser []opens towel []rubs hands with towel until dry []throws away towel in wastebasket	5 x ea.				P	S	
PO-5	Dries hands with blow dryer []pushes knob to start air flow []rubs hands under air flow	5 x ea.				P	S	
	FACE							
PO-6	Tolerates water on face []allows face to be moistened with wet cloth or fingers []splashes own face with water	5 x ea.				P	S	

PO-7	Washes face with soap []turns on warm water []wets hands/cloth []puts soap on hands/cloth []washes face with hands/cloth []rinses hands/cloth []rinses face	5 x ea.	P	S
PO-8	Dries face using towel []picks up dry towel []rubs towel on face to dry []puts towel back	5 x ea.	P	S
PO-9	Washes face daily (more often if needed) without reminders	5 x	P	S
	BODY			
PO-10	Tolerates water on body []puts toes in water []puts feet in water []puts legs in water []puts arms in water []puts whole body in water	5 x ea.	P	S
PO-11	Gets into shower/bath after water has been turned on by: []self []adult []gets body wet with water []gets hands/washcloth wet []puts soap on hands/washcloth	5 x ea.	P	S
PO-12	Washes neck	5 x	P	S
PO-13	Washes arms	5 x	P	S

AG-II 10-B (continued)

Po-14 Washes chest, stomach, genitals	5 x	P	S
PO-15 Washes legs and feet	5 x	P	S
PO-16 Washes face and ears	5 x	P	S
PO-17 Takes a shower/bath regularly or whenever necessary	5 x	P	S

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-C	CARES FOR OWN HAIR (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Tolerates shampooing by an adult	100%				I	S	
PO-2	Prepares for shampooing []locates shampoo []locates towel and puts nearby []turns on warm water	5 x ea.				I	S	
PO-3	Washes hair []wets hair by putting head under water []puts proper amount of shampoo in cupped hand and sets down bottle/tube []puts shampoo on hair []scrubs hair and scalp with fingers []rinses hair, using fingers	5 x ea.				I	S	
PO-4	Dries hair and face []locates towel []dries face []puts towel on hair and rubs hard to dry hair	5 x ea.				I	S	
PO-5	Cleans up after shampooing []puts away towel []replaces cap on shampoo []puts away shampoo	5 x ea.				I	S	
PO-6	Shampoos hair once a week or as needed (during a 4-week period) without reminders	1 x				I	S	
PO-7	Uses blow-dryer safely to dry hair	5 x				I	S	

AG-II IO-C (continued)

PO-8	Sets/styles hair	5 x	I	S
PO-9	Tolerates combing/brushing of hair by an adult	5 x	I	S
PO-10	Gets ready to comb/brush hair []picks up comb/brush []holds comb/brush with teeth/bristles facing away from hand []looks in mirror	5 x	I	S
PO-11	Combs/brushes hair on both sides of head (and forehead, if necessary) []places comb/brush against scalp []pulls comb/brush all the way through hair on side []repeats on other side, using other hand if appropriate []combs/brushes hair on forehead, if necessary []repeats on back of head []uses other hand to feel hair/smooth hair down, if necessary	5 x	I	S
PO-12	Checks appearance by looking in mirror	5 x	I	S
PO-13	Puts away comb/brush	5 x	I	S
PO-14	Combs/brushes hair daily (and more often if needed) during 2-week period without reminders	5 x	I	S

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-D	LEARNS ADOLESCENT HYGIENE SKILLS (Criterion:) (Deodorant, Nails, Shaving, Menstrual Care)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
	DEODORANT							
PO-1	Tolerates having deodorant applied	5 x				I	S	
PO-2	Applies deodorant []removes lid []raises arm []applies deodorant: rolls on armpit/depresses sprayer with index finger []stops applying after appropriate amount has been dispensed []lowers arm []shifts deodorant container to other hand []repeats process, applying deodorant to other armpit	5 x ea.				I	S	
PO-3	Puts away deodorant []replaces lid on deodorant container []puts away deodorant	5 x ea.				I	S	
PO-4	Applies deodorant daily without reminders	5 x				I	S	
	NAILS							
PO-5	Tolerates having nails cut	5 x					S	
PO-6	Cleans fingernails/toenails []recognizes need []uses nail brush and soap to scrub nails []rinses nails []dries hands/feet []puts away brush	3 x ea.				I	S	
PO-7	Recognizes need to cut/file nails	3 x				I	S	

PO-8	Cuts/files nails []fingernails []toenails	3 x ea.	I	S
PO-9	Cleans up after cutting/filing nails []disposes of pieces of nails []puts away nail scissors/file/clippers []washes hands	3 x ea.	I	S
PO-10	Applies nail polish, if desired []removes chipped polish []applies fresh polish []puts away remover/polish	3 x ea.	I	
	SHAVING FACE			
PO-11	Tolerates having face shaved	100%	I	S
PO-12	Prepares for shaving face []stands in front of mirror []removes shaver from case []grasps plug and plugs shaver into outlet	5 x ea.	I	S
PO-13	Shaves face with electric shaver []picks up shaver and holds it appropriately []turns on shaver with thumb []holds head of shaver against skin, using a circular motion []shaves neck (tipping head back, if necessary, to hold skin tight []shaves chin []shaves jaw []shaves above and below lips (drawing skin tight, if necessary) []shaves cheeks	5 x ea.	I	S

AG-II IO-D (continued)

PO-14	Puts away shaver []unplugs shaver by grasping plug and pulling []places shaver back in case	5 x ea.	I	S
PO-15	Uses after-shave lotion	5 x	I	S
PO-16	Shaves daily or as needed without reminders	5 x	I	S

SHAVING UNDERARMS

*NOTE: Check with the parents before working on this goal. There are some ethnic and cultural groups that DO NOT allow or prefer not to have other than family members do this task

PO-17	Tolerates having underarms shaved	5 x	I
PO-18	Prepares for shaving underarms []stands in front of mirror []removes shaver from case []grasps plug and plugs shaver into outlet	5 x ea.	I
PO-19	Shaves underarms with electric shaver []picks up shaver and holds it appropriately []turns on shaver with thumb []raises one arm above head []brings head of shaver to armpit []rubs shaver over armpit using slow, up-and-down strokes []shifts shaver to other hand and repeats on opposite armpit	5 x ea.	I
PO-20	Checks armpit to see whether hair has been removed []wipes shaved hair off armpit []repeats above steps as necessary	5 x ea.	I

PO-21	Puts away shaver []turns off shaver []unplugs shaver by grasping plug and pulling []places shaver back in case	5 x ea.	I		
	MENSTRUATION				
PO-22	Describes menstruation and its role in reproduction.	1 x	I		226
PO-23	Informs specified person that period has started and asks for medication or assistance, if needed	3 x	I	S	226
PO-24	Tolerates having sanitary pad put on	100%	I	S	226
PO-25	Completes sanitary napkin change	5 x	I	S	226
PO-26	Completes tampon change	5 x ea.	I	S	226
PO-27	Changes sanitary napkins as needed during one menstrual period independently	1 x	I	S	226
PO-28	Maintains personal cleanliness during menstruation []care of body []washes, showers []soiled clothes, bed linens	5 x	I	S	226
PO-29	Describes aspects of menstruation []time lapse between menstrual periods []discomfort/cramps at beginning of period []discharge during period []use/disposal of sanitary napkins	1 x	I		226

PO-30	Puts adhesive sanitary pad on crotch of underpants []picks up sanitary pad []pulls off adhesive strip []places pad, adhesive side down, in crotch of underwear []places one hand on outside of crotch and presses pad down	5 x ea.	I	S	226
PO-31	Uses tampon []removes used tampon []wraps/disposes of used tampon []inserts clean tampon	5 x ea.	I	S	226
PO-32	Stands up, pulls up pants, and adjusts clothing	5 x	I	S	226
PO-33	Disposes of pad and adhesive strips/tampon in wastebasket	5 x	I	S	226
PO-34	Washes hands	5 x	I	S	
PO-35	Removes and applies sanitary pads as needed during one menstrual period without reminders	1 x	I	S	226
PO-36	Maintains personal cleanliness during menstruation (including caring for soiled clothes)	5 x	I	S	226

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-E	FOLLOWS GOOD HEALTH PRACTICES RELATED TO EXERCISE, RELAXATION AND SLEEP (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Participates in exercise activities regularly []performs exercise routine (e.g. aerobics) []performs stretching/strengthening exercises (e.g. leg raises) []walks briskly []jogs []swims []dances	3 x/wk.				P	S	
PO-2	Participates in relaxation activities when needed []relaxes & tenses each part of body while lying down []sits in comfortable chair & relaxes []assumes specific positions designed to relieve tension in particular spots of body []uses music/recordings to facilitate relaxation	3 x ea.				I	S	
PO-3	States 3 reasons for getting adequate sleep each night []body needs sleep to rebuild cells/resist disease []people need rest to think/work well []people enjoy activities more if not feeling tired	1 x				A		
PO-4	States 4 reasons for exercising regularly []prevents fatigue []promotes heart/lung health []reduces stress/tension []controls weight	1 x				A		
PO-5	States 3 benefits of relaxation []reduce tension []alleviates discomfort []improves attention	1 x				A		

AG-II IO-E (continued)

PO-6	Describes heart/cardiovascular disease and the relationship of good health practices to its prevention	1 x	A
PO-7	Assesses physical strength/condition and makes changes in activities as needed []evaluates own physical condition/stamina (e.g. feels tired a lot, overweight) []takes own pulse rate before/during/after exercise and records over time []evaluates muscular strength/flexibility	3 x ea.	A

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-F	MAINTAINS DENTAL HEALTH (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Tolerates having teeth brushed	100%				P	S	
PO-2	Prepares for tooth brushing []goes to bathroom []locates own toothbrush and toothpaste []removes cap from toothpaste []puts toothpaste on brush []turns on cold water []wets toothbrush and paste []turns off water	5 x ea.				P	S	
PO-3	Brushes teeth []brushes left back teeth (inside & outside) []brushes right back teeth (inside & outside) []brushes front teeth (inside & outside) []spits out saliva and toothpaste	5 x ea.				P	S	
PO-4	Rinses mouth and toothbrush []turns on water []rinses toothbrush []fills cup with water []takes a drink []rinses mouth without swallowing water []spits water into sink []turns off water	5 x ea.				P	S	
PO-5	Cleans up after brushing teeth []dries mouth and hands with paper towel []puts away or disposes of cup []replaces cap on toothpaste []returns toothbrush and toothpaste to designated location	5 x ea.				P	S	

AG-II IO-F (continued)

PO-6	Brushes teeth daily without reminders	5 x	P	S
PO-7	Notifies designated adult if has toothache or damage to tooth	100%	P	S
PO-8	Flosses teeth	5 x	I	
PO-9	States that teeth are important for shewing, speaking and smiling	1 x	P	
PO-10	States that when primary/baby teeth fall out, permanent/adult teeth grow in	1 x	P	
PO-11	States that if teeth are not cared for properly they are likely to decay and even the permanent teeth may fall out	1 x	P	
PO-12	States procedures to follow to keep teeth healthy []eat the right foods []brush teeth every day []use dental floss every day []use disclosing agents occasionally to show plaque still on teeth []visit the dentist regularly	1 x	P	
PO-13	Describes role of dentist, dental hygienist, and orthodontist in caring for teeth (e.g. cleaning, filling, straightening, applying flouride)	1 x	I	

AG-II IO-F (continued)

PO-14	States facts about tooth decay/gum disease []plaque on the teeth causes tooth decay/gum disease []decay usually begins in a crack, a hard-to-clean place, or along the gum line []teeth usually hurt when they are decaying []if not treated, decay and gum disease can cause teeth to fall out	1 x	I
PO-15	Lists things that can hurt/damage teeth []eating foods with a lot of sugar []biting into hard candy, ice cubes, etc []poking at teeth/gums with sharp objects []taking certain medications (e.g. Dilantin) []not wearing mouth guard during contact sports	1 x	I
PO-16	Lists foods that are good for the teeth []chewy foods, such as crusty bread (good for the muscles and gums []fresh fruits and vegetables, instead of candy (as snacks) []milk (good source of calcium - needed by teeth and jaw bones)	1 x	I
PO-17	Lists 4 kinds of teeth and describes the function of each []incisors - cut off or bite off food []cuspids/canines - tear off food []bicuspids - tear off or grind food []molars - grind food	1 x	A

AG-III LEARNS ABOUT NUTRITION

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-A	EATS BALANCED MEALS, UNDERSTANDS THE CONCEPT OF A BALANCED DIET AND LEARNS TO CLASSIFY FOODS INTO 4 GROUPS (Criterion:)							
PO-1	Tolerates liquid put in mouth and swallows it []tolerates liquid put in mouth without gagging or choking []accepts liquid put in mouth without crying, clamping mouth shut, or spitting liquid out []swallows liquid	5/5				P	S	
PO-2	Opens mouth to be fed from a bottle []opens mouth when physically stimulated around mouth []shows interest in bottle when sees it (e.g. reaches for it; shows increased activity) []opens mouth to be fed after sees bottle	5/5				P	S	
PO-3	Sucks liquid from a nipple and swallows it []sucks on nipple placed in mouth []swallows every 2-3 sucks []coordinates sucking and swallowing with breathing	5/5					S	
PO-4	Holds own bottle and feeds self []places both hands on bottle supported/held by adult []uses palmar grasp (without thumb) with both hands to hold bottle []uses cylindrical grasp (thumb opposing radial fingers) with both hands to hold bottle []tips bottle to regulate flow of liquid while holding bottle	5/5				P	S	
PO-5	Tolerates pureed food in mouth and swallows it []tolerates pureed food placed in mouth without gagging or choking []accepts pureed food placed in mouth without crying or spitting it out []swallows pureed food without hesitance	5/5				P	S	

PO-6	Chews and swallows mashed food placed in mouth []exhibits munching pattern of jaw (up and down) []exhibits rotary jaw movements []moves food laterally with tongue to side teeth []moves food with tongue from teeth on one side to teeth on other side	5/5	P	S
PO-7	Chews and swallows chopped foods	5/5	P	S
PO-8	Chews and swallows whole foods (e.g. bite size pieces)	5/5	P	S
PO-9	Gets food off spoon/fork into mouth []removes food from spoon using lips []removes food on lips with tip of tongue	5/5	P	S
PO-10	Feeds self finger foods []reaches for/brings food to mouth []bites off appropriate amount with front teeth	5/5	P	S
PO-11	Drinks from a cup held by adult []closes lips around cup to prevent leakage []sucks liquid from cup []maintains lip closure while swallowing	5/5	P	S
PO-12	Drinks from cup by him/herself []uses both hands to lift cup to mouth []drinks with little or no leakage []puts cup down	5/5	P	S
PO-13	Drinks from straw []closes lips around straw []sucks liquid through straw []maintains lip closure while swallowing	5/5	P	S

AG-III IO-A (continued)

PO-14 Uses eating utensils []scoops with spoon []spears bite-size chunks with fork []uses knife to spread or cut	5/5	P	S
PO-15 Eats foods from the 4 food groups with a variety of of textures/temperatures []crunchy/chewy (e.g. celery) []slippery (e.g. gelatin, peaches) []rough (e.g. cottage cheese) []firm (e.g. cookie, cracker) []warm []cold	3 x ea.	P	S
PO-16 Eats only food and refrains from putting inedibles in mouth	100%	P	S
PO-17 Eats a balanced meal when prepared by caregiver	100%	P	S
PO-18 Names the 4 basic food groups: milk/dairy, bread/cereal, meat, and fruit/vegetable	2 x	I	
PO-19 Sorts a variety of foods into the 4 food groups	2 x	I	
PO-20 Names snack foods from each of the 4 food groups	2 x	I	
PO-21 Lists likes/dislikes in each of the 4 food groups	2 x	I	
PO-22 Eats/tastes new foods in each of the 4 food groups	1 x	I	S

AG-III IO-A (continued)

PO-23	Names the number of servings recommended daily in each food group for teenagers []milk-4 []fruit/vegetables-4 []meat-2 []bread/cereal-4	1 x	I
PO-24	Gives examples of serving sizes for common foods in each of the 4 food groups	1 x	I
PO-25	Understands the concept of a balanced diet and why it is important []states that "balanced" means foods from all 4 groups every day []states that a variety of foods are needed to grow and to learn []states that food is the body's source of energy	1 x	I

AG-III LEARNS ABOUT NUTRITION

IO-B	LEARNS THE SOURCES AND FUNCTIONS OF NUTRIENTS (Criterion:)	Crit. FOR PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	States that nutrition means eating foods that make a person grow and stay healthy	1 x				A		
PO-2	States that a nutrient is the part of food that helps a person grow and stay health	1 x				A		
PO-3	Names the 6 classes of nutrients []protein []minerals []fat []water []carbohydrates []vitamins	1 x				A		
PO-4	States that food supplies all the nutrients needed to keep healthy	1 x				A		
PO-5	Names a food source for each nutrient []carbohydrates (sugar, starch, fiber) - fruit, cereal, bread, rice []protein - meat, fish, eggs, poultry, cheese, beans []fat - butter, whole milk, meat []minerals - milk, meat, salt, eggs []water - water, milk, other liquids []vitamins - fruit, vegetables, milk	1 x				A		
PO-6	Names the function of each nutrient []carbohydrates - provide energy []proteins - provide growth materials for organs/skin, muscles; fight disease []minerals - build bones []fat - provides energy []water - washes wastes from body []vitamins - stimulate growth, fight disease	1 x				A		

PO-7	Names the major nutrient contribution of each of the 4 food groups []meat - protein []fruit/vegetable - vitamins []bread/cereal - carbohydrates []milk - minerals, protein, fat, water	1 x	A
PO-8	Examines nutrient content of own diet []lists foods eaten for 3 day period []judges whether or not enough of each nutrient class was eaten []suggests additions or changes to diet	1 x	A

AG-III LEARNS ABOUT NUTRITION

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-C	LEARNS ABOUT INFLUENCES ON FOOD CHOICES AND CONSUMER INFORMATION (Criterion:)							
PO-1	Lists ways advertising influences food choices []a famous person tells us to buy the product []we buy a product just because we have seen so many ads for it []ads make us think a product is good for use, even if it is not []certain items are displayed in noticeable places to encourage impulse buying	1 x				A		
PO-2	Lists influences on food choices other than advertising []peer pressure []cost []own likes/dislikes []limited role in choosing/shopping for food	1 x				A		
PO-3	Identifies information contained on food labels []weight []calories []nutrients []salt []additives, preservatives, artificial ingredients	1 x				A		
PO-4	Lists facts related to pricing of food items []using coupons is a way to save money []unadvertised/no brand products are usually cheaper []buying larger quantities can be cheaper []raw foods are usually cheaper than frozen/ prepared foods	1 x				A		

AG-III LEARNS ABOUT NUTRITION

IO-D	LEARNS ABOUT FAD DIETS/FOOD PATTERNS/NUTRITIONAL DISORDERS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Names at least 3 "junk" foods and tells why they are not good sources of nutrition (e.g. potato chips are high in fat and salt; hamburgers have protein but are very high in cholesterol; "pop" is full of sugar, and many kinds have a lot of caffeine; candy is high in sugar)	1 x				A		
PO-2	Lists potential dangers of "fad" diets []may encourage dangerously quick weight loss []may be too low in protein, vitamins or minerals []weight is likely to be regained after dieting, because eating habits were not changed []the "cures" that are promised may not work, or may be harmful	1 x				A		
PO-3	Lists circumstances in which special diets are essential []food allergies []disease control (e.g. diabetes)	1 x				A		
PO-4	Lists possible results of poor nutrition []low energy []likely to get sick more easily []diseases/conditions such as anemia, osteoporosis, cancer	1x				A		
PO-5	Lists facts related to cholesterol []foods that are very high in cholesterol include red meat, eggs []eating foods high in cholesterol is dangerous for some people	1 x				A		

AG-III IO-D (continued)

PO-6	Lists facts related to calories []calories are a measure of the amount of energy in food []people need a certain number of calories each day []if all the calories are not used, the food turns to fat	1 x	A
PO-7	Lists facts related to eating mostly ready-to-eat foods or eating at fast food restaurants frequently []both are more expensive than cooking one's own food []there is less nutrition in prepared foods []they are likely to have more additives, artificial ingredients and cholesterol		

AG-III LEARNS ABOUT NUTRITION

IO-E	ANALYZES, PLANS, SHOPS FOR, PREPARES PERSONAL DIET/MENUS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Lists facts related to the importance of eating at regular intervals []the body needs food to maintain its energy level []breakfast is important after not eating all night []nutritious snacks are o.k. []different people prefer to eat at different times and may prefer different foods	1 x				A		
PO-2	Plans a simple daily menu by selecting foods (from a list) that meet the requirements of a balanced diet and/or a prescribed/special diet []breakfast []lunch []dinner	3 x				A		
PO-3	Makes a grocery list of foods needed to prepare a meal: []breakfast []lunch []dinner []assuming no items are already in kitchen []assuming certain foods are already in kitchen (to be determined by teacher)	3 x				A		
PO-4	Shops for items on grocery list []prepares for trip to store (puts money, coupons list, etc. in pocket) []goes to store (on foot, by bus, by car) []selects basket and pushes properly along aisles []chooses fresh/undamaged items and places properly in basket []locates and waits in checkout line []pays for groceries, saving receipt and counting change []returns from store with groceries	3 x				I	S	
PO-5	Stores groceries in proper place (e.g. refrigerator, freezer, shelf)	1 x				A		

AG-III IO-E (continued)

PO-6	Identifies spoiled foods or states ways to decide whether foods are spoiled	1 x	A	
PO-7	Prepares "instant" or "heat and serve" foods []soup []toast []eggs []instant pudding []frozen casserole []frozen vegetables	3 x	I	S
PO-8	Prepares dishes from recipe []partially prepared, easy to follow []from "scratch", easy recipe []from "scratch", more complicated recipe	3 x	I	S
PO-9	Cleans up after cooking and eating []puts away food []disposes of waste []cleans surfaces/utensils/dishes	3 x	I	S

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-A	UNDERSTANDS THE CONCEPT OF THE LIFE CYCLE (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Identifies things that are living and nonliving (animate and inanimate)	2 x				P	S	
PO-2	Identifies growing/living things as small, bigger and biggest	2 x				P	S	
PO-3	Identifies young and old living things (plants, animals, people)	2 x				P	S	
PO-4	Identifies things that are alive and things that have died	2 x				P	S	
PO-5	Understands the fragility of life []recognizes that things can die if not cared for (e.g. squeezing a flower can kill it) []recognizes that certain situations are life-threatening (e.g. begins to be more careful around moving cars)	1 x ea.				I	S	
PO-6	Lists 3 characteristics of living things (e.g. they breathe, eat, grow, reproduce)	1 x				I		
PO-7	Lists things that living things need to grow (e.g. food, warmth, water)	1 x				I		
PO-8	States that most plants grow from seeds planted in the ground	1 x				I		

AG-IV IO-A (continued)

PO-9	States that animals are born alive []some are hatched from eggs []some come directly from the mother's body	1 x ea.	A	226
PO-10	States that offspring (plants and animals) resemble parents	1 x	A	226
PO-11	Describes the "life cycle"	1 x	A	226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-B	LEARNS BASIC INFORMATION ABOUT BODY PARTS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Identifies/names basic external body parts upon request []head []chest []arm []hand []finger []leg []foot []toe []mouth []eye []ear []hair []bottom	2 x				P	S	
PO-2	Identifies/names basic internal body parts upon request (e.g. "Where is your stomach?) []throat []stomach []heart []uterus or womb []vagina []tongue []lungs []rectum	2 x				P	S	
PO-3	Identifies/names other body parts upon request []neck []breast []elbow []knee []skin []penis []testicle NOTE: add rest of body parts as desired	2 x				I	S	
PO-4	States basic facts about the body and how it works []food is needed to live, to have energy, and to grow []the body has many separate parts that work together []how a person feels and acts can affect how well his/her body works	1 x				A		
PO-5	States importance of protecting/taking care of body (see also AG-I and II)	1 x				A		
PO-6	Identifies/names reproductive body parts []penis []vagina []uterus					I		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-C	LEARNS ABOUT THE FIVE SENSES (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Tolerates being touched/held	3 x				P	S	
PO-2	Tolerates touch of own body by self	3 x				P	S	
PO-3	Responds to sensory input by smiling, frowning, etc []visual (eyes) []auditory (ears) []tactile (skin) []olfactory (nose) []gustatory (tongue)	3 x ea.				P	S	
PO-4	Indicates preference for certain kinds of sensory input (e.g. smiles when hears familiar voice)	3 x				P	S	
PO-5	Uses own senses to experience his/her world []eyes []ears []nose []tongue []skin/fingers	3 x ea.				P	S	
PO-6	Points to each sense organ when asked where it is []eyes []ears []nose []tongue []skin/fingers	2 x ea.				P	S	
PO-7	Names/identifies each sense organ when given its function (e.g. "What do you see with?") []eyes []ears []nose []tongue []skin/fingers	1 x ea.				P		
PO-8	Uses one or more senses to identify objects []sight []touch []hearing []smell []taste	3 x				P	S	
PO-9	Describes object/sensory stimulation using one or more senses (e.g. "It's loud," or "It tastes good") []sight []touch []hearing []smell []taste	3 x				P		

AG-IV IO-C (continued)

PO-10	Describes how sensory input (e.g. a sound) makes him/her feel	3 x	P
PO-11	Describes ways in which people benefit from their senses (e.g. enjoyment, information, protection) ☐sight ☐touch ☐hearing ☐smell ☐taste	1 x	I
PO-12	Describes ways to protect sense organs from injury ☐eyes ☐ears ☐nose ☐skin ☐mouth/tongue	1 x	I
PO-13	Describes ways handicapped people can adapt to the loss of a specific sense ☐sight ☐hearing	1 x	I
PO-14	Describes how the senses work together	1 x	A
PO-15	Identifies the parts of a specific sense organ and the function of each part ☐eye ☐ear ☐nose ☐tongue ☐skin	1 x	A

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-D	LEARNS BASIC INFORMATION ABOUT BODY SYSTEMS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	States that the body has many parts that work together (called systems)	1 x				A		
PO-2	Names basic body systems by their commonly known components or system name ☐heart & blood (circulatory system) ☐mouth & stomach (digestive system) ☐bones & skin (skeletal system) ☐nose & lungs (respiratory system) ☐muscles (muscular system) ☐nerves & brain (nervous system) ☐rectum & penis/urinary opening (excretory system) ☐glands (endocrine system)	1 x				A		
PO-3	States the primary function/importance of each system	1 x				A		
PO-4	States basic facts about cells ☐cells are what body parts are made of ☐there are many different kinds of cells (white cells, sperm cells) ☐some cells carry food and oxygen to the body parts	1 x				A		
PO-5	States function/importance of reproductive system					A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-E	LEARNS ABOUT ADOLESCENT CHANGES (PHYSICAL AND EMOTIONAL) (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes visible physical changes that occur during adolescence	1 x				I		226
PO-2	States words that are associated with body parts and physical changes []slang []curse/swear words []proper terminology	1 x				I		226
PO-3	Describes emotional changes that occur during adolescence (e.g. sexual feelings, worries, feeling sad/depressed)	1 x				I		226
PO-4	States positive aspects of growing up (e.g. can do more for self)	1 x				I		226
PO-5	Describes less visible physical and behavioral developments that occur in young men during adolescence (e.g. masturbation, erections, "wet dreams", ejaculation, touch that generates sexual feelings)	1 x				I		226
PO-6	Describes less visible physical and behavioral developments that occur in young women during adolescence (e.g. menstruation, masturbation, touch that generates sexual feelings)	1 x				I		226
PO-7	Gives basic explanation of menstruation and its relationship to reproduction	1 x				I		226
PO-8	Describes masturbation hygiene and behavior []in private, nonpublic place []wash hands before []wash hands, penis or vaginal area afterwards []change clothes, bed clothes if soiled					I		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-F	LEARNS ABOUT INTERCOURSE, PREGNANCY AND BIRTH (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes the term intercourse	1 x				A		226
PO-2	States 2 reasons why people have intercourse	1 x				A		226
PO-3	Defines the term pregnant and identifies women as pregnant or not pregnant	1 x				I		226
PO-4	Gives basic explanation of reproduction, using proper terminology	1 x				A		226
PO-5	States at least 3 procedures a pregnant woman should follow to keep herself and her baby healthy (e.g. eat well, exercise, take vitamins, visit doctor regularly	1 x				A		226
PO-6	Describes the birth process (labor and delivery)	1 x				A		226
PO-7	Lists at least 3 problems associated with pregnancy and birth or reasons to seek medical attention	1 x				A		226
PO-8	Names places where people can get information/help related to sexuality/pregnancy (e.g. family doctor, school nurse, public clinics, hospitals)	1 x				A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-G	LEARNS ABOUT DEVELOPMENT OF INFANTS AND CHILDREN (Criterion:) NOTE: see also AG-V, IO-G	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Gives basic explanation of how a fetus grows inside its mother	1 x				A		226
PO-2	Describes at least 2 normal feelings that occur when a baby is born (e.g. worrying about being able to take care of it, feeling very tired or "blue")	1 x				A		
PO-3	Identifies at least 3 physical and emotional needs of a young child []infant []toddler	1 x ea.				A		
PO-4	Identifies at least 3 safety precautions that must be taken when caring for a young child []infant []toddler	1 x ea.				A		
PO-5	Identifies at least 3 signs of illness/abnormal development in a young child	1 x				A		
PO-6	Identifies the kinds of foods that young children can and should eat []infant []toddler []preschooler	1 x ea.				A		
PO-7	Identifies 3 skills normally acquired by a young child []during the 1st year []during the 2nd year []during the 3rd year	1 x ea.				A		
PO-8	Identifies at least 3 appropriate activities for a young child	1 x ea.				A		

AG-IV IO-G (continued)

PO-9	Identifies at least 3 ways to foster responsibility in toddlers and preschoolers, without expecting them to do too much too soon (e.g. let them feed themselves, even if they are messy; help put away toys)	1 x	A
PO-10	Names places to go for information about a child's health and development (e.g. pediatrician, Health Department, hospitals)	1 x	A

AG-V LEARNS ABOUT FAMILY HEALTH

IO-A	UNDERSTANDS THE CONCEPT OF FAMILY (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Identifies self []smiles at self []in mirror []in photo []points to self []in mirror []in photo	3 x ea.				P	S	
PO-2	Identifies family members named by adult []smiles at family member named []in person []in photo []points to family member named []in person []in photo	3 x ea.				P	S	
PO-3	Names family members	1 x				P		
PO-4	Names persons who are not family members (e.g. teacher)	1 x				I		
PO-5	Describes own family []# of people in family (e.g. total, # of children) []ages (e.g. actual ages, oldest/youngest) []number of boys and girls	1 x				I		
PO-6	Describes ways families are alike and different []two-parent []single parent []foster parent []step-parent []adoptive parent []other	1 x				A		
PO-7	Describes generally what a family is and what family members do (e.g. families are parents and the children they take care of; family members help each other and have fun together; sometimes brothers or sisters argue)	1 x				A		

AG-V LEARNS ABOUT FAMILY HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-B	LEARNS ABOUT ROLES/RESPONSIBILITIES WITHIN FAMILY (Criterion:)							
PO-1	Assists with simple task when requested (e.g. helps pick up toys)	5 x				P	S	
PO-2	Enjoys interacting with family members []plays cooperatively []listens/talks to others	5 x				P	S	
PO-3	Interacts appropriately with aging/handicapped/very young family members (e.g. does not bump into them; retrieves items requested)	5 x				P		
PO-4	Performs task independently upon request (e.g. makes bed, sets table)	3/3 x				P	S	
PO-5	Follows safety rules within the home (e.g. does not play with matches)	100%				P	S	
PO-6	Identifies possessions belonging to self and others	3 x				P		
PO-7	Asks permission before using things that belong to other family members	3 x				I		
PO-8	Takes responsibility for own possessions (e.g. puts away clean laundry, cleans room)	80%				I		
PO-9	Lists ways members of family can help each other (e.g. sharing, taking turns, working cooperatively)	1 x				I		

AG-V IO-B (continued)

PO-10	Lists own skills/abilities and how they relate to the family (e.g. caring for pets)	1 x	I
PO-11	Lists skills/abilities of other family members (e.g. Dad is a good cook)	1 x	A
PO-12	Lists roles/responsibilities of family members []father []mother []self []siblings []grandparents	1 x	A
PO-13	Behaves courteously with members of own family (e.g. uses good table manners, talks courteously with others)	80%	A

AG-V LEARNS ABOUT FAMILY HEALTH

	IO-C LEARNS ABOUT COPING WITH FAMILY CHANGES (Criterion:) NOTE: see also AG-VI, IO-E	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Adjusts to presence of new family member (e.g. baby, grandparent, stepparent)	1 x				P	S	
PO-2	Adjusts to absence of family member (e.g. older brother moves to own apartment but visits frequently)	1 x				P	S	
PO-3	Learns about growing older/aging ☐identifies pictures of people as young and old (preferably family members) ☐responds differently to family members of varying ages (e.g. is careful with older persons) ☐identifies changes in self that show growth/development (e.g. skills that he/she recently learned, changes in body)	2 x ea.				I		
PO-4	Learns about death ☐identifies pictures of living things as they grow, change and die (e.g. young plant, old dog, dead tree) ☐states that animals and people die when they grow very old ☐states feelings associated with death (e.g. sadness, anger)	2 x ea.				I		
PO-5	Lists ways in which family membership can change (e.g. birth, divorce, remarriage, death)	1 x				A		
PO-6	States (or identifies) feelings that family members may have when stressful changes occur	1 x				A		

PO-7	Lists ways that own role/relationship changes within the family (e.g. assumes new responsibilities, may move to group home when older - but will still have family's support)	1 x	A
PO-8	Lists ways of coping with difficult family changes (e.g. expresses emotions to family members/friend or pursues interest in activity as diversion)	1 x	A

AG-V LEARNS ABOUT FAMILY HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-D	LEARNS ABOUT CHILD ABUSE AND EXPLOITATION (Criterion:)							
PO-1	Identifies strangers and nonstrangers []in pictures []in person	3 x				P	S	
PO-2	Follows/states precautions associated with strangers []does not follow strangers from yard or crowd []does not accept rides or gifts from strangers []does not give personal information to strangers	3 x				P	S	
PO-3	Seeks known adult if approached by stranger or threatened by danger	3 x simulated				P	S	
PO-4	Identifies behaviors that can be labeled abusive (including physical, sexual, verbal and emotional abuse or neglect)	1 x				I		226
PO-5	Demonstrates/states how to respond if feels threatened or is abused []says "no" []pushes person away []walks/moves away from person []tells trusted adult	2 x				I	S	
PO-6	Describes types of sexual abuse/exploitation []exhibitionism []rape []prostitution []fondling []pornography (sexually explicit pictures) []incest []child molesting	1 x				A		226
PO-7	States that all types of abuse are against the law and should be reported to an appropriate adult/agency	1 x				A		

PO-8	Takes/describes precautions associated with safety in public places []walks with friends (not alone) []walks during daylight or only in lighted areas (if must walk at night) []avoids loitering or waiting alone []avoids hitchhiking or accepting rides from strangers	1 x	A		
PO-9	Demonstrates self-assertive/self-protection skills	1 x	A		
PO-10	Demonstrates awareness of "private parts"		I	S	226
PO-11	Describes what he would do if anyone touches his/her "private parts"				

AG-V LEARNS ABOUT FAMILY HEALTH

IO-E	LEARNS RIGHTS/RESPONSIBILITIES ASSOCIATED WITH SEXUAL BEHAVIOR (Criterion:) NOTE: see IO-D for objectives related to exploitation and abuse and IO-F for objectives related to dating	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Dresses in a discreet/unprovocative manner	100%				I	S	226
PO-2	Refrains from masturbating or exposing own genitals in public	100%				I	S	226
PO-3	Does not harm own genitalia	100%				I	S	226
PO-4	Refrains from looking at sexually explicit pictures in public	100%				I	S	226
PO-5	Refrains from using obscene/sexual language in public	100%				I	S	226
PO-6	Describes appropriate/inappropriate touching []cuddling []fondling []buddy touch []sexual touch (foreplay)	100%				I	S	226
PO-7	States importance of behaving in a sexually responsible manner (see PO-1 through PO-6)	1 x				I		226
PO-8	States importance of treating other people with respect (e.g. not kissing someone who says he/she does not want to be kissed) in regards to sexual issues	1 x				A		226

PO-9	States difference between romantic and nonromantic ("friendly") relationship	1 x	A	226
PO-10	States difference between various kinds of sexual relationships: ☐heterosexual ☐homosexual ☐celibacy	1 x	A	226
PO-11	Separates facts from myths about homosexuals ☐a. homosexual men are "gay" b. homosexual women are lesbians ☐homosexuals are in every profession ☐not all men (or women) who live together are homosexuals ☐not all sensitive/effeminate men are homosexuals ☐having a close friend of the same sex does not mean a person is a homosexual ☐not all women who wear men's clothing and have short hair are lesbians	1 x	A	226
PO-12	Lists appropriate places to engage in sexual behaviors/activities ☐undressing ☐masturbating ☐holding hands ☐fondling/stroking ☐discussing sexual matters ☐intercourse ☐looking at pornographic pictures	1 x	A	226
PO-13	Describes possible emotional and physical consequences (e.g. guilt, pregnancy, sexually transmitted diseases) of intercourse	1 x	A	226
PO-14	States definition of birth control and lists 2 reasons for using a birth control method (e.g. to avoid pregnancy and STDs)	1 x	A	226

PO-15	Lists at least 2 reasons why people may choose not to have a baby (e.g. not emotionally ready for marriage or parenthood; not financially ready; physically or mentally unable to care for a baby)	1 x	A	226
PO-16	Lists at least 2 birth control methods for women and describes use	1 x	A	226
PO-17	Lists at least 2 birth control methods for men and describes use	1 x	A	226
PO-18	Names places where a person can get birth control devices (e.g. drug store, private doctor, public clinic, hospital)	1 x	A	226
PO-19	Lists procedures involved in obtaining a birth control method from a doctor (e.g. make appointment, have physical examination, get prescription)	1 x	A	226
PO-20	States the danger associated with taking someone else's birth control pills	1 x	A	226
PO-21	Explains when and where complete undressing is appropriate and under what conditions []bathroom []bedroom []doctor's office []locker room		I	226
PO-22	Explains when and where partial undressing is appropriate and under what conditions []locker room []clothing store fitting room []bathroom []doctor's office		I	226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-F	LEARNS ABOUT DATING AND MARRIAGE (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes reasons for different kinds of relationships []friendship []dating []marriage	1 x				A		226
PO-2	Names appropriate places to meet new people	1 x				A		226
PO-3	Describes ways to ask for/refuse a date	3 x				A		226
PO-4	Describes appropriate dress for different dating situations (e.g. casual, formal)	1 x				A		226
PO-5	Describes appropriate behavior in various social settings (e.g. at a movie, in a mall)	1 x				A		226
PO-6	Describes feelings associated with problems related to dating []feeling hurt/rejected []feeling confused []feeling upset []feeling angry []feeling ugly and unloved []feeling frightened	1 x				A		226
PO-7	Identifies feelings associated with friendship versus a romantic relationship	1 x				A		226
PO-8	Identifies own feelings in a relationship	1 x				A		226
PO-9	Describes/roleplays appropriate ways of interacting/ expressing feelings (e.g. holding hands; refusing an expression of affection, such as a kiss)	2 x				A		226

AG-V IO-F (continued)

PO-10	Describes/roleplays appropriate ways to end a relationship	1 x	A	226
PO-11	Lists reasons why people marry	1 x	A	226
PO-12	Lists at least 3 factors to consider when deciding whether or not to become engaged (e.g. future plans/roles, finances, age, education, religious/ethnic background, parental approval, physical/mental limitations)	1 x	A	226
PO-13	Lists at least 2 advantages of knowing a person a long time before getting married, of not marrying "too young", and of being independent before considering marriage	1 x	A	226
PO-14	Lists state requirements for marriage (including age, blood tests, license, and legal or religious ceremony)	4/4	A	226
PO-15	Lists at least 2 positive aspects of marriage (e.g. companionship, financial resources)	1 x	A	226
PO-16	Lists at least 3 responsibilities associated with marriage (e.g. sharing chores/work, raising children, paying bills)	1 x	A	226
PO-17	Lists 3 subjects that husbands and wives frequently argue about (e.g. money, sex, children, chores)	1 x	A	226

AG-V IO-F (continued)

PO-18	Names at least 2 people/agencies to consult if help is needed to solve problems related to marriage and/or divorce	1 x	A	226
PO-19	Assesses own potential for successful marriage	1 x	A	226
PO-20	States that married couples do not have to have children	1 x	A	226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-G	LEARNS ABOUT PARENTING (Criterion:) NOTE: see also AG-IV, IO-G	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Lists at least 3 concerns that "mentally impaired" or "retarded" people may have that can make parenting difficult and ways of overcoming concerns (e.g. may may not be able to read a thermometer or help children with homework)	1 x				A		
PO-2	Lists at least 3 concerns that physically impaired people may have that can make parenting difficult and ways of overcoming concerns (e.g. if hearing impaired, may not hear baby cry; if visually impaired, may not see child crawl toward stairs)	1 x				A		
PO-3	Lists own parenting concerns and ways of overcoming concerns, if possible	1 x				A		
PO-4	Lists 2 pros and 2 cons of having children	1 x				A		
PO-5	Lists at least 3 prerequisites for parenthood (e.g. enough money, place to live, mature enough to care for a child)	1 x				A		
PO-6	Describes generally the role of heredity in the development of infants and children	1 x				A		
PO-7	Lists 3 conflicts/responsibilities associated with raising children (e.g. children require 24-hour care; parents cannot leave house without finding a baby-sitter; shortage of money can cause change of lifestyle)	1 x				A		

AG-V IO-G (continued)

PO-8	Lists 3 common feelings associated with struggles/difficulties of parenting (e.g. feeling overwhelmed, worrying, feeling angry)	1 x	A
PO-9	Names places to go for information about and for help with parenting (e.g. Health Department, Headstart or other school programs, pediatrician, Department of Social Services)	1 x	A

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

IO-A	UNDERSTANDS OWN FEELINGS AND ABILITIES AND ACCEPTS INDIVIDUAL DIFFERENCES (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes own characteristics (e.g. hair color, sex)	1 x				P	S	
PO-2	Lists likes and dislikes (e.g. foods, activities)	1 x				P	S	
PO-3	Acknowledges basic feelings when they have been identified by someone else (e.g. "You're feeling upset.") []calm []surprised []happy []upset	2 x				P	S	
PO-4	Names basic feelings []portrayed in pictures []experienced by self []observed in peers/adults	1 x				P	S	
PO-5	Learns words describing a wide range of emotions []angry []sad []embarrassed []afraid []confused []loved []proud []eager/interested []amused	1 x				I		
PO-6	Describes situations that evoke certain feelings in self []positive feelings (e.g. "Swimming makes me happy.") []negative feelings (e.g. "Being teased makes me sad.")	1 x				A		
PO-7	Identifies positive feelings toward opposite sex (including difference between "like" and "love") and appropriate ways of expressing such feelings	1 x				A		
PO-8	Lists things he/she can do	1 x				I	S	

AG-VI IO-A (continued)

PO-9	Describes things he/she cannot do []because of handicap (e.g. cannot play baseball or cannot read) []because of circumstances (e.g. too young to take bus alone)	1 x	I
PO-10	Recognizes own limitations and describes ways he/she can succeed in spite of them (e.g. by using adaptive devices)	1 x	I
PO-11	States that everyone is different in some ways and the same in other ways, and gives examples	1 x	A
PO-12	States advantages of the fact that not everyone is the same	1 x	A
PO-13	Accepts people who are different []is patient with/shows concern for others []offers to help others in time of need []accepts ideas/wishes of others, even if different from own (i.e. does not insist on getting own way) []behaves/speaks in manner that does not hurt others (avoids infringing on their rights)	90%	A

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-B	UNDERSTANDS THE RELATIONSHIP BETWEEN EMOTIONS AND BEHAVIOR AND COPES WITH OWN EMOTIONS (Criterion:) NOTE: see also AG-V, IO-F							
PO-1	Gives examples to show that people's feelings affect how they act (e.g. people who are sad may not want to talk)	1 x				I		
PO-2	Gives examples to show that different people react differently: []to the same situation (e.g. when upset, some cry and some get angry) []to the same feeling (e.g. when happy, some smile, some jump up and down)	1 x				I		
PO-3	Gives examples to show that actions have consequences (e.g. if you hit someone, he/she may hit you back)	1 x				I		
PO-4	Responds correctly to (i.e. knows the meaning of) the words "appropriate", "inappropriate", and "unacceptable" (e.g. stops masturbating when adult says "That is inappropriate")	3 x				I		
PO-5	Demonstrates appropriate behavior in social situations []expresses positive feelings appropriately []expresses negative feelings appropriately []identifies situations in which loud talking or yelling is appropriate	80%				I		
PO-6	Demonstrates understanding and meaning of privacy []knocking on closed doors []avoiding eavesdropping on others' conversation []avoiding intruding into groups							

AG-VI IO-B (continued)

PO-7	Copes with feelings and maintains self-control in difficult situations []by accepting friendly teasing with a smile []by leaving situation (e.g. harsh teasing or threatened bodily harm) []by verbalizing feelings in acceptable manner []by accepting disappointment (e.g. losing a game) []by thinking before acting, and then acting appropriately []by not blaming others	80%	I
PO-8	Displays appropriate facial and body expressions for a situation	80%	I
PO-9	Accepts kind words gracefully (e.g. says "thank you" when complimented)	3 x	I
PO-10	Accepts guidance/constructive criticism from adults []behaves courteously without displaying anger, etc []modifies behavior as requested	80%	I
PO-11	Recognizes need for authority (even though feels need for independence) []identifies meaning of authority []gives examples of authority figures []states why authority is necessary []describes situations in which one must comply with authority, even if he/she feels request is unjust []states possible consequences of failure to comply with authority/laws	2 x	A
PO-12	Uses appropriate behavior/words to persuade adult to change activity/schedule/procedures	3 x	A

PO-13	Demonstrates appropriate behavior in a variety of work situations []while working with peers []when strangers enter work area []when a supervisor enters the work area []during break times or lunch time	2 x ea.	A

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-C	LEARNS ABOUT COMMUNICATION/FRIENDSHIP/PEER PRESSURE (Criterion:)							
PO-1	Responds to speech directed at him/her (e.g. by attending, smiling or vocalizing)	3 x				P	S	
PO-2	Reacts differently to different tones of voice in adult (e.g. smiles to friendly tone, frowns to angry voice)	3 x				P	S	
PO-3	Initiates/maintains/terminates an interaction []by gazing at object/person (e.g. if caregiver stops rocking, child turns face toward adult) []by attending to joint referent (e.g. object pointed to by adult) []by turning away from object/person	3 x				P	S	
PO-4	Uses vocalizations/gestures/facial expressions to initiate interactions and make needs/desires known (e.g. raises arms to be picked up as caregiver approaches)	3 x				P	S	
PO-5	Uses speech/signs/communication device to communicate needs/desires	3 x				P	S	
PO-6	Converses meaningfully with []adults []peers []responds when spoken to/answers simple questions []carries on a meaningful conversation []takes turns in the conversation []asks for clarification when message was not understood	3 x				P	S	
PO-7	Converses with others []uses greetings []asks for information []shares feelings	3 x				P	S	

AG-VI IO-C (continued)

PO-8	Has one or more friends []plays cooperatively []names things they enjoy doing together	1 x	P	S
PO-9	Maintains appropriate distance and eye contact when speaking to someone and uses facial expression and body posture appropriate to what he/she is saying	80%	I	S
PO-10	Recognizes meaning of speaker's facial expression, tone of voice, and body posture	3 x	I	
PO-11	Initiates social interaction with friend(s) []calls friend on phone []converses with friend on phone []invites a friend to do something	2 x ea.	I	S
PO-12	Treats friend kindly/fairly	90%	I	
PO-13	Identifies feelings of others through observation and listening and checks for accuracy by asking	3 x	I	
PO-14	Behaves courteously toward others: []adults []peers []boy/girl friend []listens to/talks quietly with others []refrains from acting boisterously []refrains from touching others in public (e.g. does not "hang on" a friend)	90%	I	S
PO-15	Responds to/engages in humor appropriately	90%	I	

PO-16 Assists friends []helps when asks []helps when perceives a need []comforts when friend is hurt/upset	3 x ea.	I	
PO-17 Copes with difficult situations (e.g. teasing, swearing, pushing) []ignores teasing, name-calling, swearing []refrains from pushing, swearing, fighting []tries to solve problems through compromise	3 x	I	S
PO-18 Treats property of others respectfully []asks before borrowing []uses others' possessions carefully []returns others' possessions when finished	3/3	I	
PO-19 Maintains clean/neat appearance when with friends []clean body and hair []clean/neat clothes	90%	I	
PO-20 Describes different kinds of relationships and ways to express feelings in each []friendship with same sex []friendship with opposite sex []romantic relationship	1 x	A	
PO-21 Copes with conflicts/disappointments in a relationship []copes with/accepts disappointment (e.g. when a friend refuses an invitation) []identifies conflicts and their cause(s) []suggests ways to handle problems (e.g. by compromise) []identifies reasons to end a relationship []identifies ways to end a relationship []copes with the feelings associated with ending a relationship	3 x	A	

AG-VI IO-C (continued)

PO-22	Describes situations in which friends try to influence each other []situation likely to have a positive outcome (e.g. joining a team) []situations likely to have a negative outcome (e.g. smoking, trespassing)	1 x	A	
PO-23	Avoids exploitation by peers/refrains from succumbing to peer pressure []refuses to take part in activities known to be wrong, hurtful or illegal []does not lend money or possessions to persons not likely to return them []avoids or leaves situations in which peer behaves in a sexually inappropriate manner	100%	A	S
PO-24	Describes things to consider when choosing friends	1 x	A	

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-D	IMPROVES DECISION-MAKING AND PROBLEM-SOLVING SKILLS (Criterion:) NOTE: PSP IN PO-4 is based on "Problem Solving with People" (c. Ruth Schelkun)							
PO-1	Makes choice from alternatives presented []simple choice (e.g. 2 foods) []more complicated choice (2 leisure time activities) []complex choice (e.g. spend allowance on a new record or on going to a movie with a friend, or saving money for new radio)	3 x				P	S	
PO-2	Seeks advice from adult, if needed, to solve problem []describes problem accurately []suggests possible solutions, if able []asks for advice []evaluates advice, if able []follows advice, modifying it if necessary	3 x				I		
PO-3	Evaluates desirability of choices (e.g. activities to participate in) []based on safety (i.e. avoiding harmful or illegal alternatives []based on accessibility (how close or easy to get to they are) []based on enjoyment []based on usefulness (e.g. activity is necessary, such as going to laundromat, or will result in getting paid, such as mowing neighbor's lawn)	3 x				P	I	

PO-4	Learns PSP techniques ("Problem Solving with People" is a group problem solving method) []identifies the cues/warning that a problem has arisen []finds out what is happening NOW (i.e. what the people involved are seeing, hearing, feeling, etc.) []finds out what led up to the incident BEFORE []identifies all problems in the situation and then focuses on the MAIN PROBLEM []sets a desired goal (BEST ENDING) and avoids an undesirable outcome (WORST ENDING) []identifies all possible ways to reach the goal and considers the consequences of each (WHAT IF?...AND THEN?) []votes for/chooses an ACTION PLAN []review story/tests action plan (by telling whole story in narrative sequence)	3 x	I
PO-5	States the importance of getting all the facts before making a decision	1 x	A
PO-6	States the importance of considering own values as well as society's norms and laws when making a decision	1 x	A
PO-7	States the importance of making proposals and then negotiating/compromising when solving problems with people	1 x	A
PO-8	Learns individual problem-solving techniques []identifies problem []brainstorms alternatives []considers possible solutions, including own values []tests consequences of each through verbal rehearsal []chooses a solution/plan of action, compromising if necessary []carries out solution, anticipating consequences []evaluates solution	3 x	A

PO-9	Learns individual problem-solving techniques on sexual issues ☐identifies problem ☐brainstorms alternatives ☐considers possible solutions, including own values ☐tests consequences of each through verbal rehearsal ☐chooses a solution/plan of action, compromising if necessary ☐carries out solution, anticipating consequences ☐evaluates solution	3	x	A	226

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

IO-E	LEARNS TO COPE WITH STRESS AND USE SUPPORT SYSTEMS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Responds to proximity of caregiver by quieting, smiling or turning toward adult	3 x				P	S	
PO-2	Accepts close physical contact (e.g. being held or massaged) []shows change in facial expression when held/wrapped []molds body to caregiver's body when held (may gaze at caregiver's face) []relaxes extremities when massaged or soaked in warm water []relaxes whole body when massaged or placed in warm water	3 x				P	S	
PO-3	Indicates desire to be held/comforted (e.g. vocalizes or gazes at/reaches toward caregiver)	3 x				P	S	
PO-4	Shows evidence of attachment to primary caregiver, but no longer cries or fusses when caregiver is out of sight	3 x				P	S	
PO-5	Shows independence but seeks primary caregiver for comfort in times of stress	3 x				P	S	
PO-6	Accepts support and comfort from familiar adults; no longer demonstrates stranger anxiety	3 x				P	S	
PO-7	Removes self from stressful situations (e.g. moves away from loud noise, lies down when very tired)	3 x				P	S	
PO-8	Lists events/situations that cause stress (e.g. particular events, such as going to the doctor; general situations, such as new responsibilities or being teased)	1 x				I		

PO-9	States effect of stress on body []describes personal reaction []states that some stress can be good []states that different people may respond in different ways to the same stressful situation []states that there are different ways to cope with the same stressful situation []states that stress can affect a person's health (e.g. make one feel sick)	1 x	I	
PO-10	Demonstrates ways to cope with stress []seeks help/advice/companionship from adult or friend []gets away from the situation causing stress []uses a quieting response []uses calm breathing []uses relaxation techniques []engages in an activity to reduce/take mind off stress (e.g. TV, music, exercise, card game)	3 x	I	S
PO-11	Identifies/uses social/community resources that are available for persons who need them []family and friends []community agencies (e.g. Community Mental Health, Child and Family Service) []religious organizations (e.g. churches) []vocational rehabilitation/job training agencies (e.g. Michigan Rehabilitation Services) []agencies serving persons with handicaps (e.g. The Association for Retarded Citizens) []civil rights/legal resources (e.g. Legal Aid)	1 x	A	
PO-12	States dangers of/avoids using destructive methods of coping with stress (e.g. drugs, lashing out at others - physically or verbally)	1 x	A	

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

IO-F	IDENTIFIES SHORT AND LONG TERM GOALS (Criterion:) NOTE: see also IO-D	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes own abilities, interest, values	1 x				I	S	
PO-2	Describes own limitations, and ways in which family/ community/culture influence his/her plans or possible roles	1 x				I	S	
PO-3	Makes []short-term []long-term plans regarding own activities (e.g. makes plans for the weekend)	3 x				I		
PO-4	Plans for and schedules activities []makes list of tasks to be completed []puts activities/appointments on calendar []refers to list/calendar on regular basis	3 x ea.				I	S	
PO-5	Carries out an action plan to achieve goal(s) []follows steps outlined in plan []demonstrates commitment and responsibility []tries again/modifies plan if encounters obstacle/ disappointment []derives sense of satisfaction from achieving goal	2 x				A		
PO-6	Selects possible personal goal(s) based on own interests/abilities and the environment/community in which he/she lives []describes future life style (e.g. will live in group home/apartment) []describes future occupation (e.g. will have a part-time job) []describes future relationships (e.g. will get married)	1 x				A	S	

AG-VI IO-F (continued)

PO-7	States elements of a mentally healthy life style (e.g. family ties, job, basic needs for food, shelter, etc., leisure time activities)	1 x	A
PO-8	States connection between personal responsibilities/ behaving responsibly and achieving own goal(s)	1 x	A
PO-9	States the importance of thinking and planning in order to reach own goal(s)	1 x	A

AG-VII LEARNS ABOUT SUBSTANCE USE AND ABUSE

IO-A	USES MEDICINES SAFELY (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Eats only edible items including liquids (e.g. has learned to eat/drink only those things on own dish/ in own glass)	100%				P	S	
PO-2	Refrains from tasting, sniffing, swallowing, or playing with unknown substances	100%				P	S	
PO-3	Distinguishes medicines/nonmedicines (e.g. separates pills from Cheerios and understands you do not eat the pills unless directed to)	3/3				P	S	
PO-4	Takes medicine that has been given to him/her only by designated person	100%				P	S	
PO-5	Never takes someone else's medicine	100%				P	S	
PO-6	States two reasons for taking medication []control illness (e.g. seizure medication) []cure illness (e.g. antibiotic) []prevent illness (e.g. immunization)	1 x				I		
PO-7	Notifies designated adult of suspected illness before taking medication	100%				I		
PO-8	Identifies bottles/packages containing his/her own medicine and gives reasons why he/she needs the medication	1 x				I		

AG-VII IO-A (continued)

PO-9	Takes medicines or vitamins only as directed []following pictured/written/oral direction []independently, using calendar to keep track []notifies designated adult if medication does not seem to be working or if negative reaction occurs	100%	A
PO-10	Learns facts about drugs []a "drug" is a chemical []drugs can be helpful or harmful []drugs can affect the body in different ways (e.g. cure disease, make you sleepy, make you feel nauseated) []medicines are drugs []substances other than medicine can contain drugs (e.g. cigarettes, alcohol, coffee) []sometimes people have bad reactions to drugs even though they have taken the drug before []states that taking more than you are supposed to of a drug will not make you better quicker and may be harmful	1 x ea.	A
PO-11	States that leftover medications should not be kept (i.e. they may lose their effectiveness or become harmful)	1 x	A
PO-12	Describes use of common medications []aspirin []first aid cream []antacid []laxative []antibiotic []tranquilizer []acne medication []nasal decongestants []cough syrup []vitamins	1 x ea.	A
PO-13	Describes different kinds of medicines/drugs []prescribed medication []over-the-counter drug []oral medication []external medication/lotion []injection	1 x ea.	A

AG-VII IO-A (continued)

PO-14	Reads and gives meaning of information on a prescription []the person it is for []dose (e.g. how many pills) []time (e.g. how many times a day or when) []name of the drug []where/how it should be stored	2 x	A
PO-15	Takes responsibility for purchasing refill or notifying designated adult when more medication is needed	2 x	A

AG-VII LEARNS ABOUT SUBSTANCE USE AND ABUSE

IO-B	LEARNS ABOUT POISON IDENTIFICATION AND PREVENTION (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Refrains from handling or states types of common household items/products that are poisonous []household cleaners []spray containers []plants []toiletries (e.g. makeup, perfume) []car supplies (e.g. gasoline, oil) []garden supplies (e.g. bug poison)	1 x				P	S	
PO-2	Recognizes common signs/words for "poison" and does not touch []Mr. Yuk []red slash in a circle []skull and crossbones []"POISON" []"DANGEROUS IF SWALLOWED" []Harmful []External Use Only	3 x ea.				P	S	
PO-3	States that he/she should never taste a substance to find out what it is	1 x				I		
PO-4	States that he/she should always ask an adult before handling an unknown/suspicious substance	1 x				I		
PO-5	Creates a story with others about the danger of "playing" with poisonous substances and applies the PSP process (see AG-VI, IO-D)	1 x				I		
PO-6	States how poisonous substances/medicines should be stored to prevent accidents []in locked cupboard or out of reach of children []in original/labeled containers []with tightly closed/safety lids	1 x				I		

PO-7	Uses/handles poisonous substances safely based on individual skill level ☐uses only under supervision ☐uses only certain substances independently ☐uses only common substances independently	100%	A
PO-8	Reads words for specific household poisons and handles containers safely ☐ammonia ☐detergent ☐floor polish ☐glue ☐shoe polish ☐paint ☐roach poison ☐toilet cleaner ☐antifreeze ☐bleach ☐drain cleaner ☐lye ☐furniture polish ☐nail polish ☐paint thinner ☐turpentine ☐perfume ☐shampoo ☐bug poison ☐garden spray ☐gasoline ☐household cleaner ☐nail polish remover ☐rat poison ☐rubbing alcohol ☐mouthwash ☐________________	1 x ea.	A
PO-9	Lists steps to follow for poisoning ☐notify designated adult immediately ☐give person 1/2 glass milk/water ☐decide whether to make person vomit or not (i.e. poisons that will burn mouth should not be vomited) ☐call doctor or poison control center	1 x	A

AG-VII LEARNS ABOUT SUBSTANCE USE AND ABUSE

IO-C	LEARNS ABOUT THE CAUSES, EFFECTS AND TREATMENT OF SMOKING, ALCOHOL AND DRUG ABUSE (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	States that drinking, smoking or taking drugs can be harmful	1 x				P	S	
PO-2	Refrains from accepting alcohol, cigarettes or street drugs from peers	100%				P	S	
PO-3	States that alcohol and nicotine are drugs that are taken into the body by drinking alcoholic beverages and by smoking	1 x				I		
PO-4	Describes the difference between helpful prescription drugs and harmful street drugs and gives examples of illegal street drugs (e.g. marijuana, cocaine, crack)	1 x				I		
PO-5	States the consequences of breaking laws related to drinking, smoking, and using street drugs	1 x				I		
PO-6	Lists the physical/behavioral effects of alcohol on the body []poor coordination []poor speech []poor vision []impaired ability to make decisions []damage to organs or heart disease if used over prolonged time	1 x				A		
PO-7	Recognizes that alcohol affects people differently, depending upon several factors []how much the person drinks []how much the person weighs []how quickly the person drinks []how strong the alcoholic content of the drink is	1 x				A		

AG-VII IO-C (continued)

PO-8	States why it is very dangerous to combine alcohol with drugs or medication	1 x	A
PO-9	States why it is very dangerous, as well as illegal, to drive while under the influence of alcohol	1 x	A
PO-10	Defines "alcoholism" as addiction to alcohol and gives warning signals of alcoholism	1 x	A
PO-11	Lists effects of alcohol abuse on the drinker's family, friends, and on him/herself	1 x	A
PO-12	Names three strategies for coping with an alcoholic	1 x	A
PO-13	Lists community resources available for the treatment of alcoholism and for families of alcoholics	1 x	A
PO-14	List the physical/behavioral effects of cigarette smoking on the body ☐stimulates the nervous system first ☐depresses the nervous system later ☐interferes with breathing ☐may cause cancer, emphysema, heart disease if person smokes for a long period of time	1 x	A
PO-15	States that smoking is a form of air pollution and may be harmful to those nearby as well as to the smoker	1 x	A
PO-16	Lists organizations that provide information about smoking	1 x	A

PO-17	Lists the physical/behavioral effects of illegal street drugs on the body []can cause person to feel "high" initially []can cause person to become addicted to the drug over time []can cause permanent damage to brain, heart, liver, kidneys, blood []can cause person to become ill or act strange []can cause death	1 x	A
PO-18	Describes effects of various kinds of illegal drugs and gives examples of each []stimulant - makes person feel more awake []inhalant - substance breathed into lungs that causes a high (e.g. sniffing glue) []depressant - makes person feel relaxed, sleepy []hallucinogen - makes person feel and hear things that are not really there	1 x	A
PO-19	Defines drug addiction (physical dependence) as a condition in which the person gets very sick if he/she stops taking the drugs	1 x	A
PO-20	Lists actions to be taken if a friend is having a reaction to drugs (e.g. friend is acting strange, having convulsion, or has stopped breathing) []call for medical help []if not breathing, give artificial respiration []if awake, do not let him/her go to sleep	1 x	A
PO-21	Lists community resources available for the treatment of drug addiction and for families of drug addicts	1 x	A

AG-VIII LEARNS ABOUT CONSUMER/COMMUNITY HEALTH

IO-A	LEARNS ABOUT HEALTH AND COMMUNITY SERVICES (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Names people who serve the community and describes their work/how they help others []fire fighters []police []doctors []nurses []caregivers	1 x				P	S	
PO-2	Describes ways the school nurse helps the people in the school	1 x				P	S	
PO-3	Visits the school health room and names and tells use of at least 5 pieces of equipment/supplies used by the school nurse	1 x				P		
PO-4	Describes medical procedures and instruments (e.g. is familiar with those related to own disability/condition)	1 x				I		
PO-5	Describes ways people can help community workers (e.g. by reporting fires, dangerous situations)	1 x				P	S	
PO-6	Names community agencies/organizations and describes how they provide information and help protect people in the community []consumer protection agencies (e.g. Better Business Bureau, Food & Drug Administration) []health agencies (e.g. Community Mental Health, Health Department, Cancer Society, Department of Social Services) []environmental agencies (e.g. Environmental Protection Agency, Department of Natural Resources)	1 x				A		

AG-VIII IO-A (continued)

PO-7	States correct person/agency to call in particular situation requiring health care (e.g. doctor, dentist, ambulance, mental health center, crisis center)	1 x	A
PO-8	Lists 2 ways of paying for health care services other than cash or check (e.g. health or accident insurance, Medicaid or by going to a free clinic for immunizations	1 x	A
PO-9	States at least 3 rights of health care consumers []to be treated with respect (including privacy and confidentiality) []to have everything explained clearly []to ask questions []to know results of tests and side effects of medications []to refuse treatment	1 x	A

AG-VIII LEARNS ABOUT CONSUMER/COMMUNITY HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-B	LEARNS ABOUT ADVERTISING AND EVALUATING PRODUCTS (Criterion:)							
PO-1	Lists at least 3 forms of media ☐television ☐radio ☐newspapers ☐magazines ☐movies	1 x				I		
PO-2	Learns to evaluate the media ☐distinguishes between people in the media who behave in appropriate ways versus inappropriate ways (e.g. law-abiding citizens versus criminals) ☐distinguishes between realistic and unrealistic behaviors/people (e.g. Superman, Dallas) ☐states that people can be influenced by what they see (e.g. sad movies can make them cry; sexy movies can arouse them) ☐states that some things on television are not entirely true (e.g. advertisements and opinions expressed on talk shows)	1 x				I		
PO-3	States general facts related to advertising ☐almost all types of media contain advertisements ☐advertisers are trying to get people to buy certain products ☐not all advertisements are true ☐just because you do what someone in an ad tells you to do, you will not become like that person	1 x				I		
PO-4	Describes methods used by advertisers to sell products ☐famous person says he/she likes it ☐ads are shown again and again ☐products are displayed attractively and prominently ☐promotions/discounts/coupons are offered ☐attractive packaging/psychological ploys are used	1 x				A		

AG-VIII LEARNS ABOUT CONSUMER/COMMUNITY HEALTH

IO-C	LEARNS BENEFITS OF SELECTING/USING QUALITY HEALTH CARE PRODUCTS AND IDENTIFIES HEALTH FADS AND FALLACIES (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Names at least 5 health care products and describes the function of each (e.g. aspirin, makeup, toothpaste, shampoo, cough medicine)	1 x				A		
PO-2	Lists 3 reasons for using health care products (e.g. to prevent or treat illness, to clean the hair/body)	1 x				A		
PO-3	Lists 2 reasons for choosing a particular health care product (e.g. costs, effectiveness)	1 x				A		
PO-4	Lists the kinds of information contained on a product's label (e.g. what it is for, how to use it, what is in it, what to do if it gets in your eye/mouth)	1 x				A		
PO-5	Gives examples of health fads and fallacies	1 x				A		

Fad/Fallacy	Truth
Taking large amounts of a certain vitamin will prevent disease	Taking large amounts of some vitamins can actually be harmful
Eating certain foods will cure cancer	A special diet is unlikely to cure a disease
"Health"/"natural" foods have no toxic ingredients	Some natural foods contain harmful substances
Daily use of "no aging" skin cream will prevent wrinkles	Aging is inevitable

PO-6	States facts related to health quackery []a quack is a person who pretends to have knowledge of medicine but does not or who knowingly tries to give false medical advice []medical advice should always be sought from a qualified physician []a second opinion should be sought in any case of doubt	1 x	A

AG-VIII LEARNS ABOUT CONSUMER/COMMUNITY HEALTH

IO-D	LEARNS ABOUT POLLUTION AND ITS EFFECTS ON HEALTH (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	States that pollution means things around people that are unpleasant (e.g. noises) or may make them sick (e.g. harmful chemicals in the air or water)	1 x				A		
PO-2	States that the environment means everything that is around a person or group of people	1 x				A		
PO-3	Names at least 2 types of environmental pollution (e.g. air, water, noise)	1 x				A		
PO-4	Lists at least one cause of each type of pollution []air: e.g. wastes from factories and cars; smoking; bonfires/forest fires []water: e.g. wastes from factories dumped in rivers; oil spills; sewage; burned chemical or radioactive wastes []noise: e.g. road construction/repair; air traffic (near an airport); radios at high volume []home/yard: e.g. inadequate trash receptacles	1 x				A		
PO-5	Lists at least 2 harmful effects of pollution on human health []air: e.g. smoking causes cancer; smog/waste from cars can make people sick []water: e.g. polluted water can make fish harmful to eat; burned wastes can make water harmful to drink []home/yard: e.g. disposing of garbage inappropriately can cause spread of germs by flies and rats	1 x				A		

AG-VIII LEARNS ABOUT CONSUMER/COMMUNITY HEALTH

IO-E	LEARNS ABOUT PREVENTING POLLUTION AND TAKING RESPONSIBILITY FOR THE ENVIRONMENT (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	States that litter is trash that has not been disposed of properly (e.g. has been thrown or dumped on the land, in the water, around the school)	1 x				P	S	
PO-2	Describes recycling as using things again, such as cans and bottles	1 x				P	S	
PO-3	Lists at least 2 things that can be recycled (e.g. pop cans, glass bottles, newspapers, motor oil)	1 x				P	S	
PO-4	Demonstrates/describes at least 3 ways people can reduce litter and help keep the environment clean []uses a litter bag in the car []puts all trash in trash cans []picks up trash others have littered []refrains from writing on walls, etc. []recycles cans, bottles, etc.	1 x				P	S	
PO-5	Demonstrates/describes at least 3 ways people can help reduce air/water/noise pollution []refrains from burning leaves or trash []disposes of dangerous chemicals properly []keeps the volume low on radios, etc. []refrains from smoking or smokes only in designated/ well-ventilated areas []reports problems to the appropriate agency	1 x				I		

AG-VIII IO-E (continued)

PO-6	Describes the role of the local, state and federal government in controlling pollution []laws are passed that regulate the behavior of individuals, factories, etc. []agencies monitor the behavior of factories, etc. []people/factories, etc. must pay the consequences of polluting the environment (e.g. pay a fine or clean up the mess)	1 x	A

AG-IX LEARNS SAFETY AND FIRST AID SKILLS

IO-A	LEARNS PERSONAL IDENTIFICATION, EMERGENCY, AND RISK ASSESSMENT SKILLS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Carries/wears identification at all times	100%				P	S	
PO-2	Responds when called by name (e.g. comes forward, looks up, stops moving)	5/5				P	S	
PO-3	Responds correctly to commands (e.g. "stop", "come here", "don't touch")	5/5				P	S	
PO-4	Names (or identifies) teacher/caregiver when questioned	3 x				P	S	
PO-5	States (or identifies) personal identification []name []address []phone []handicap []emergency medical info []school	3/3				P	S	
PO-6	States meaning of "emergency" []general emergency (e.g. fire, accident) []personal emergency (e.g. asthma attack)	1 x				I		
PO-7	Names individuals to contact in emergency []at home []at school []in community	2 x				I		
PO-8	Recognizes own belongings and keeps them in safe place (e.g. locker, pocket)	100%				I		
PO-9	Locates telephone numbers that might be needed in emergency []on ID card []in telephone book	2 x				I		

AG-IX IO-A (continued)

PO-10	Telephones for help []dials 911 (or other number) - redials if busy []describes emergency []gives name and location []follows directions given	2 x simulated	A
PO-11	Assesses and states dangerous or risky situation for self (e.g. being near pool alone if nonswimmer)	2 x	A

AG-IX LEARNS SAFETY AND FIRST AID SKILLS

IO-B	LEARNS FIRE PREVENTION AND SAFETY SKILLS (Criterion:) NOTE: Many skills can be assessed through simulation.	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Recognizes and names fire alarm from its sound []smoke alarm (home) []fire alarm (school)	2 x				P	S	
PO-2	Follows procedure(s) as previously instructed after hearing fire alarm []uses escape route: []school []home []signals teacher/caregiver []uses telephone to get help (e.g. dials 911)	2 x				P	S	
PO-3	Recognizes (and is not afraid of) people/equipment used to fight fires []fire fighters []fire hose []fire truck []ladder	2 x				P	S	
PO-4	Lists fire safety rules for young children (e.g. don't play with matches)	2 x				P		
PO-5	Lists fire prevention procedures for school/home []keep objects that can burn away from stove/fireplace []Don't overload electrical outlets. []Don't use frayed cords. []Keep screen on fireplace. []Store flammable liquids in safe place (e.g. gasoline).	1 x				I		
PO-6	Lists procedure for putting out cooking fires (e.g. smothering grease fire with dirt/flour) []stove top []camp fire	1 x				A		
PO-7	Uses fire extinguisher	1 x				A		

PO-8	Lists steps to follow if leaving burning building []stay low []don't open "hot" door; go to window and wait for help []hold thick wet cloth over mouth	1 x	A
PO-9	Lists steps to follow if clothes are on fire []lie down and wrap up in rugs, or []lie down and roll slowly []do not run	1 x	A

AG-IX LEARNS SAFETY AND FIRST AID SKILLS

IO-C	LEARNS PEDESTRIAN/VEHICLE MOBILITY SAFETY SKILLS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Rides in car/bus seat with seatbelt fastened []by self []by another	5/5				P	S	
PO-2	Walks/moves in wheelchair in community/neighborhood with supervision []stays on sidewalk, avoids puddles/mud []follows directions of teacher/caregiver []stays with teacher/caregiver []avoids bumping into people or objects []moves purposefully (e.g. doesn't loiter)	3/3				P	S	
PO-3	Avoids strangers while moving about community []labels pictures of unknown people as strangers []states that one should not talk with, take gifts from, or go with strangers	3 x ea.				P	S	
PO-4	Walks/moves carefully on bumpy/icy sidewalks	3 x				P	S	
PO-5	Uses steps/ramps/escalators/elevators safely	3 x						
PO-6	Rides in car safely []keeps hands/objects inside []keeps door locked []gets in and out on curb side	5/5				P	S	
PO-7	Crosses streets safely at street light, stop sign or corner []looks both ways []waits for light to change []goes directly across street	3/3				I		

AG-IX IO-C (continued)

PO-8	Lists cautions related to walking in community []avoids talking with/taking gifts from/going with strangers []seeks help from known adult if approached or threatened by stranger []recognizes important signs (e.g. danger, do not walk) []avoids hitchhiking []avoids strange animals and dangerous objects (e.g. broken glass) [-keeps money in wallet/purse []avoids walking alone at night	3 x	I
PO-9	Walks independently to destination []takes wallet/purse with ID []tells someone of destination and time of return []locks door and puts key in pocket/purse []follows directions to destination []asks for help when needed from appropriate person []walks purposefully (e.g. doesn't loiter)	3/3	A
PO-10	Rides bicycle on path or street []rides on bike path/right side of street []obeys traffic signs []signals when turning [-locks bike when parked	3/3	A
PO-11	Rides bicycle safely []avoids giving rides to others []avoids riding on snow or ice []refrains from doing tricks []avoids riding at night, if possible	3/3	A

PO-12	Uses public transportation safely (e.g. bus, dial-a-ride, taxi) []arranges for ride/walks to bus stop []tells someone destination and time of return []takes wallet/purse with ID []avoids strangers	3/3	A

AG-IX LEARNS SAFETY AND FIRST AID SKILLS

IO-D	LEARNS HOME/SCHOOL/RECREATION SAFETY SKILLS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Recognizes danger signals and seeks help immediately []strange noise (e.g. break-in) []strange odor []fire alarm []injury to self or other	2 x ea. simulated				P	S	
PO-2	Refrains from running/climbing/"rough housing" indoors	100%				P	S	
PO-3	Plays safely outside []stays in yard/on playground []uses playground equipment safely	5/5 ea.				P	S	
PO-4	Swims only with others in designated areas	100%				P	S	
PO-5	Follows procedures for severe weather (e.g. tornado warning) []uses escape route []finds cover []waits quietly in assigned safety area	2/2 simulated				P	S	
PO-6	Names hot and/or potentially dangerous objects []matches []cigarettes []stove, oven []knives/scissors []radiators []poisons	1 x				I		
PO-7	Uses/carries/handles dangerous items safely indoors []scissors []knives []matches/lighter/cigarettes []needles/pins []razor []poisonous items []fireplace []tools []cleaning supplies	100%				I		
PO-8	Keeps dangerous items in proper place to avoid accidents []scissors []razor []matches/lighter/cigarettes []needles/pins []guns []poisonous items []knives []tools []cleaning supplies	1 x ea.				I		

AG-1X IO-D (continued)

PO-9	Uses furniture safely (e.g. avoids tipping back in chair, standing on furniture, knocking furniture/lamps/ etc. over)	100%	I
PO-10	Walks carefully on (or avoids) slippery indoor surfaces []avoids walking on wet floors (e.g. just-washed kitchen floor) []walks carefully on slippery floors (e.g. highly polished floor) []steps carefully into bathtub/shower	5/5	I
PO-11	Mops/picks up spills/slippery items	2 x	A
PO-12	Keeps stairs and pathways clear	2 x	A
PO-13	Notifies designated person of mechanical failure in home/school []heat []electrical []water leak []telephone	1 x ea. simulated	A
PO-14	Lists safety procedures related to home security []keeps doors/windows locked []keeps money/valuable possessions in safe place []closes drapes at night []allows only known people into home	2 x	A

AG-IX LEARNS SAFETY AND FIRST AID SKILLS

IO-E	LEARNS BASIC FIRST AID AND CPR SKILLS (Criterion:)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Wears medic alert bracelet, if needed	100%				P	S	
PO-2	Notifies teacher/parent/caregiver of any injury to self or other	100%				P	S	
PO-3	Tolerates minor first aid procedures (e.g. wears bandage)	100%				P	S	
PO-4	Locates basic first aid supplies	2 x				P		
PO-5	Demonstrates steps to follow for a minor scrape or cut []washes it with soap and water []puts on a clean bandage/antiseptic []if the cut is deep, asks a doctor whether a tetanus shot is needed []if it gets infected, calls a doctor	1 x simulated				I		
PO-6	Demonstrates steps to follow for bruises []applies cold, wet cloths right away []leaves cloths on for half an hour	1 x simulated				I		
PO-7	Demonstrates steps to follow for a nosebleed []sits down []pinches nose shut until bleeding stops []if keeps bleeding, calls doctor	1 x simulated				I		
PO-8	Demonstrates steps to follow if stung by a bee, wasp, etc []scrapes stinger off gently (without squeezing) []puts paste made of baking soda and water or ammonia on a pad on the sting []applies cold wet cloth, if desired []applies calamine lotion to stop itching, if desired	1 x simulated				I		

PO-9	Demonstrates steps to follow after burns ☐puts burn in cold water (or applies cold cloth or ice bag) ☐if serious burn, bandages with clean pad and several layers of clean dry cloth (to keep air out) ☐avoids breaking blisters open ☐if serious, treats for shock ☐if eye is burned, puts under running water for 10 minutes ☐if burn is sunburn, uses cool water and/or sunburn cream (if burn is mild)	1 x simulated	I
PO-10	Demonstrates steps to follow for fainting ☐has person lie down (on back) or sit down with head lowered between knees ☐checks breathing ☐keeps person lying down until he/she feels better ☐if person does not wake up right away, calls doctor	1 x simulated	I
PO-11	Demonstrates steps to follow for sprains and dislocated/broken bones ☐keeps person from moving affected part ☐splints the area if person must be moved ☐calls a doctor	1 x	I
PO-12	Demonstrates steps to follow for an epileptic seizure ☐moves all objects out of person's way ☐after the attack, turns person on side ☐checks breathing ☐loosens tight clothing ☐lets person sleep	1 x simulated	I
PO-13	Demonstrates steps to follow after heat stroke ☐if the person's skin is hot and dry, cools him/her off by pouring water on him/her, and calls the doctor ☐if the person's skin is cool and sweaty, gives him/her salt water (½ tsp. in ½ glass), and has him/her rest	1 x simulated	A

PO-14	Demonstrates steps to follow after exposure to cold and frostbite -Exposure to cold: []wraps person in warm blankets or gives person a warm (not hot) bath []gives person a hot drink []calls the doctor -Frostbite: []warms the frost bitten part gently by putting it in warm (not hot) water or under warm blankets or between hands (DO NOT RUB) []bandages with clean dry bandages []calls the doctor	1 x simulated	A
PO-15	Demonstrates steps to follow when treating a person for shock []recognizes causes of shock (e.g. serious burn, broken bone, poisoning, nearly drowning, car accident) []has person lie down on back, even if person says he/she is o.k. []if breathing well, raises legs a little []if not breathing well or chest is hurt, raises head and shoulders a little []if bleeding from mouth, lies person on side []if air or ground is cold, covers with blanket (on top and beneath, if possible)	1 x simulated	A
PO-16	Identifies steps to follow after a head injury []keeps person lying down on back []if having trouble breathing, raises head and shoulders slightly []if bleeding from mouth or nose, lies person flat on side []calls doctor at once	1 x simulated	A

PO-17	Demonstrates steps to follow to stop serious bleeding []holds a clean pad on the cut []if an arm or leg, holds it up (unless that makes it hurt more) []squeezes the arm or leg at the pressure point if bleeding continues []calls the doctor at once []treats for shock	1 x simulated	A
PO-18	Demonstrates proper first aid procedures for choking []clears airway with fingers []clears airway by applying 4 blows between shoulder blades []locks arms around victim from behind and gives 4 thrusts to abdomen	1 x simulated	A
PO-19	Demonstrates first aid care for a foreign body in the eye []refrains from rubbing eye []rinses eye with clear water []calls doctor if pain persists	1 x	A
PO-20	Recognizes words for common household poisons []ammonia []bleach []bug poison []detergent []drain cleaner []garden spray []floor polish []furniture polish []gasoline []glue []lye []household cleaner []shoe polish []nail polish []nail polish remover []paint []paint thinner []rat poison []roach poison []turpentine []rubbing alcohol []toilet cleaner []perfume []mouthwash []antifreeze []shampoo	1 x	A
PO-21	Tells where/how poisons should be stored []in locked cupboard or away from reach of children []in original containers []with tightly closed lids	1 x	A

PO-22	Lists steps to follow for poisoning []gives person ½ glass of water or milk []decides whether to make person vomit or not []calls the doctor or poison control center []treats for shock	1 x	A
PO-23	Names types of poisons that a person should not vomit []poisons that burn the mouth and throat (e.g. drain cleaner) []poisons like gasoline, paint, polish that smell strong on the person's breath	1 x	A
PO-24	Names types of poisons that a person should vomit []pest poisons []too much medicine or the wrong medicine	1 x	A
PO-25	Describes ways to make a person vomit after poisoning []gives person something bad-tasting (but safe) to drink, like salt water (or syrup of ipecac) []touches the back of his/her throat (inside with fingers)	1 x	A
PO-26	Demonstrates steps to follow for artificial respiration of an adult who is not breathing []cleans the mouth with head turned to side []tips the head back []pinches the nose []blows hard with mouth once every 5 seconds (making mouth-to-mouth seal) []listens near mouth for air coming out between every breath []if can't get any air in, rolls person on side and pounds twice on back (between shoulder blades) []blows again and continues blowing and listening until person starts breathing []treats for shock []calls doctor at once	3 x simulated	A

PO-27	Demonstrates steps to follow for artificial respiration of a small child []tips head back []blows gently into nose and mouth once every 3 seconds (making seal over both mouth and nose)	3 x simulated	A
PO-28	Demonstrates steps to follow for a heart attack if person is conscious and breathing []keeps person lying down on back []makes sure person is breathing easily (loosens tight clothing and raises head and shoulders) []if awake, gives person his/her heart medicine []calls doctor at once	3 x simulated	A
PO-29	Demonstrates steps to follow after a stroke []keeps person lying down on back []checks breathing []calls doctor at once	3 x simulated	A
PO-30	Demonstrates CPR technique []determines that person is in need of CPR []performs CPR []calls doctor at once	3 x simulated	A

226 OBJECTIVES

226 OBJECTIVES

AG-I LEARNS ABOUT DISEASE PREVENTION AND CONTROL

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-B	LEARNS ABOUT THE CAUSES AND TREATMENT OF DISEASES NOTE: see also AG-VII							
PO-6	Lists symptoms of vaginal infections (e.g. yeast infection) and procedure to follow if discovered	1 x				A		226
PO-7	List symptoms of penis infections and procedures to follow if discovered	1 x				A		226
PO-8	List Sexually Transmitted Diseases (STDs) warning signals and procedure to follow if discovered	1 x				A		226
PO-9	States facts related to STDs except AIDS (Acquired Immune Deficiency Syndrome) []infection can be sexually transmitted []untreated STDs can result in physical damage []some STDs are curable; others are controllable although not curable	1 x				A		226
PO-10	States facts related to AIDS []is transmitted sexually, through blood transfusions, or through the use of shared hypodermic needles []is very serious and leads to early death	1 x				A		226

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-D	LEARNS ADOLESCENT HYGIENE SKILLS (Deodorant, Nails, Shaving, Menstrual Care)							
	MENSTRUATION							
PO-22	Describes menstruation and its role in reproduction	1 x				I		226

AG-II FOLLOWS PERSONAL HEALTH PRACTICES

IO-D	LEARNS ADOLESCENT HYGIENE SKILLS (Deodorant, Nails, Shaving, Menstrual Care)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
	MENSTRUATION							
PO-23	Informs specified person that period has started and asks for medication or assistance, if needed	3 x				I	S	226
PO-24	Tolerates having sanitary pad put on	100%				I	S	226
PO-25	Completes sanitary napkin change	5 x				I	S	226
PO-26	Completes tampon change	5 x ea.				I	S	226
PO-27	Changes sanitary napkins as needed during one menstrual period independently	1 x				I	S	226
PO-28	Maintains personal cleanliness during menstruation []care of body []washes, showers []soiled clothes, bed linens	5 x				I	S	226
PO-29	Describes aspects of menstruation []time lapse between menstrual periods []discomfort/cramps at beginning of period []discharge during period []use/disposal of sanitary napkins	1 x				I		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-A	UNDERSTANDS THE CONCEPT OF THE LIFE CYCLE	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-9	States that animals are born alive []some are hatched from eggs []some come directly from the mother's body	1 x ea.				A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-A	UNDERSTANDS THE CONCEPT OF THE LIFE CYCLE	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-10	States that offspring (plants and animals) resemble parents	1 x				A		226
PO-11	Describes the "life cycle"	1 x				A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-B	LEARNS BASIC INFORMATION ABOUT BODY PARTS	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-6	Identifies/names reproductive body parts []penis []vagina []uterus					I		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-D	LEARNS BASIC INFORMATION ABOUT BODY SYSTEMS	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-5	States function/importance of reproductive system					A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-E	LEARNS ABOUT ADOLESCENT CHANGES (PHYSICAL AND EMOTIONAL)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes visible physical changes that occur during adolescence	1 x				I		226
PO-2	States words that are associated with body parts and physical changes []slang []curse/swear words []proper terminology	1 x				I		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-E	LEARNS ABOUT ADOLESCENT CHANGES (PHYSICAL AND EMOTIONAL)	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-3	Describes emotional changes that occur during adolescence (e.g. sexual feelings, worries, feeling sad/depressed)	1 x				I		226
PO-4	States positive aspects of growing up (e.g. can do more for self)	1 x				I		226
PO-5	Describes less visible physical and behavioral developments that occur in young men during adolescence (e.g. masturbation, erections, "wet dreams", ejaculation, touch that generates sexual feelings)	1 x				I		226
PO-6	Describes less visible physical and behavioral developments that occur in young women during adolescence (e.g. menstruation, masturbation, touch that generates sexual feelings)	1 x				I		226
PO-7	Gives basic explanation of menstruation and its relationship to reproduction	1 x				I		226
PO-8	Describes masturbation hygiene and behavior []in private, nonpublic place []wash hands before []wash hands, penis or vaginal area afterwards []change clothes, bed clothes if soiled					I		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-F	LEARNS ABOUT INTERCOURSE, PREGNANCY AND BIRTH	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Describes the term intercourse	1 x				A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-F	LEARNS ABOUT INTERCOURSE, PREGNANCY AND BIRTH	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-2	States 2 reasons why people have intercourse	1 x				A		226
PO-3	Defines the term pregnant and identifies women as pregnant or not pregnant	1 x				I		226
PO-4	Gives basic explanation of reproduction, using proper terminology	1 x				A		226
PO-5	States at least 3 procedures a pregnant woman should follow to keep herself and her baby healthy (e.g. eat well, exercise, take vitamins, visit doctor regularly	1 x				A		226
PO-6	Describes the birth process (labor and delivery)	1 x				A		226
PO-7	Lists at least 3 problems associated with pregnancy and birth or reasons to seek medical attention	1 x				A		226
PO-8	Names places where people can get information/help related to sexuality/pregnancy (e.g. family doctor, school nurse, public clinics, hospitals)	1 x				A		226

AG-IV LEARNS ABOUT GROWTH AND DEVELOPMENT

IO-G	LEARNS ABOUT DEVELOPMENT OF INFANTS AND CHILDREN NOTE: see also AG-V, IO-G	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Gives basic explanation of how a fetus grows inside its mother	1 x				A		226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-D	LEARNS ABOUT CHILD ABUSE AND EXPLOITATION	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-4	Identifies behaviors that can be labeled abusive (including physical, sexual, verbal and emotional abuse or neglect)	1 x				I		226
PO-6	Describes types of sexual abuse/exploitation []exhibitionism []rape []prostitution []fondling []pornography (sexually explicit pictures) []incest []child molesting	1 x				A		226
PO-10	Demonstrates awareness of "private parts"					I	S	226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-E	LEARNS RIGHTS/RESPONSIBILITIES ASSOCIATED WITH SEXUAL BEHAVIOR NOTE: see IO-D for objectives related to exploitation and abuse; IO-F for objectives related to dating	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-1	Dresses in a discreet/unprovocative manner	100%				I	S	226
PO-2	Refrains from masturbating or exposing own genitals in public	100%				I	S	226
PO-3	Does not harm own genitalia	100%				I	S	226
PO-4	Refrains from looking at sexually explicit pictures in public	100%				I	S	226
PO-5	Refrains from using obscene/sexual language in public	100%				I	S	226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-E	LEARNS RIGHTS/RESPONSIBILITIES ASSOCIATED WITH SEXUAL BEHAVIOR NOTE: see IO-D for objectives related to exploitation and abuse; IO-F for objectives related to dating	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-6	Describes appropriate/inappropriate touching []cuddling []fondling []buddy touch []sexual touch (foreplay)	100%				I	S	226
PO-7	States importance of behaving in a sexually responsible manner (see PO-1 through PO-6)	1 x				I		226
PO-8	States importance of treating other people with respect (e.g. not kissing someone who says he/she does not want to be kissed) in regard to sexual issues	1 x				A		226
PO-9	States difference between romantic and nonromantic ("friendly") relationship	1 x				A		226
PO-10	States difference between various kinds of sexual relationships: []heterosexual []homosexual []celibacy	1 x				A		226
PO-11	Separates facts from myth about homosexuals []a. homosexual men are "gay" b. homosexual women are lesbians []homosexuals are in every profession []not all men (or women) who live together are homosexuals []not all sensitive/effeminate men are homosexuals []having a close friend of the same sex does not mean a person is a homosexual []not all women who wear men's clothing and have short hair are lesbians	1 x				A		226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-E LEARNS RIGHTS/RESPONSIBILITIES ASSOCIATED WITH SEXUAL BEHAVIOR NOTE: see IO-D for objectives related to exploitation and abuse; IO-F for objectives related to dating	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-12 Lists appropriate places to engage in sexual behaviors/activities []undressing []masturbating []holding hands []fondling/stroking []discussing sexual matters []intercourse []looking at pornographic pictures	1 x				A		226
PO-13 Describes possible emotional and physical consequences (e.g. guilt, pregnancy, sexually transmitted diseases) of intercourse	1 x				A		226
PO-14 States definition of birth control and lists 2 reasons for using a birth control method (e.g. to avoid pregnancy and STDs)	1 x				A		226
PO-15 Lists at least 2 reasons why people may choose not to have a baby (e.g. not emotionally ready for marriage or parenthood; not financially ready; physically or mentally unable to care for a baby)	1 x				A		226
PO-16 Lists at least 2 birth control methods for women and describes use	1 x				A		226
PO-17 Lists at least 2 birth control methods for men and describes use	1 x				A		226
PO-18 Names places where a person can get birth control devices (e.g. drug store, private doctor, public clinic, hospital)	1 x				A		226

AG-V LEARNS ABOUT FAMILY HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-E	LEARNS RIGHTS/RESPONSIBILITIES ASSOCIATED WITH SEXUAL BEHAVIOR NOTE: see IO-D for objectives related to exploitation and abuse; IO-F for objectives related to dating							
PO-19	Lists procedures involved in obtaining a birth control method from a doctor (e.g. make appointment, have physical examination, get prescription)	1 x				A		226
PO-20	States the danger associated with taking someone else's birth control pills	1 x				A		226
PO-21	Explains when and where complete undressing is appropriate and under what conditions []bathroom []bedroom []doctor's office []locker room					I		226
PO-22	Explains when and where partial undressing is appropriate and under what conditions []locker room []clothing store fitting room []bathroom []doctor's office					I		226

AG-V LEARNS ABOUT FAMILY HEALTH

		Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
IO-F	LEARNS ABOUT DATING AND MARRIAGE							
PO-1	Describes reasons for different kinds of relationships []friendship []dating []marriage	1 x				A		226
PO-2	Names appropriate places to meet new people	1 x				A		226
PO-3	Describes ways to ask for/refuse a date	3 x				A		226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-F	LEARNS ABOUT DATING AND MARRIAGE	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-4	Describes appropriate dress for different dating situations (e.g. casual, formal)	1 x				A		226
PO-5	Describes appropriate behavior in various social settings (e.g. at a movie, in a mall)	1 x				A		226
PO-6	Describes feelings associated with problems related to dating []feeling hurt/rejected []feeling confused []feeling upset []feeling angry []feeling ugly and unloved []feeling frightened	1 x				A		226
PO-7	Identifies feelings associated with friendship versus a romantic relationship	1 x				A		226
PO-8	Identifies own feelings in a relationship	1 x				A		226
PO-9	Describes/roleplays appropriate ways of interacting/ expressing feelings (e.g. holding hands; refusing an expression of affection, such as a kiss)	2 x				A		226
PO-10	Describes/roleplays appropriate ways to end a relationship	1 x				A		226
PO-11	Lists reasons why people marry	1 x				A		226
PO-12	Lists at least 3 factors to consider when deciding whether or not to become engaged (e.g. future plans/roles, finances, age, education, religious/ethnic background, parental approval, physical/mental limitations)	1 x				A		226

AG-V LEARNS ABOUT FAMILY HEALTH

IO-F	LEARNS ABOUT DATING AND MARRIAGE	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-13	Lists at least 2 advantages of knowing a person a long time before getting married, of not marrying "too young", and of being independent before considering marriage	1 x				A		226
PO-14	Lists state requirements for marriage (including age, blood tests, license, and legal or religious ceremony)	4/4				A		226
PO-15	Lists at least 2 positive aspects of marriage (e.g. companionship, financial resources)	1 x				A		226
PO-16	Lists at least 3 responsibilities associated with marriage (e.g. sharing chores/work, raising children, paying bills)	1 x				A		226
PO-17	Lists 3 subjects that husbands and wives frequently argue about (e.g. money, sex, children, chores)	1 x				A		226
PO-18	Names at least 2 people/agencies to consult if help is needed to solve problems related to marriage and/ or divorce	1 x				A		226
PO-19	Assesses own potential for successful marriage	1 x				A		226
PO-20	States that married couples do not have to have children	1 x				A		226

AG-VI LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

IO-D	IMPROVES DECISION-MAKING AND PROBLEM-SOLVING SKILLS	Crit. for PO	Assistance/ Comments	Date Sel.	Date Com.	Educ. Level	SMI	Req. by
PO-9	Learns individual problem-solving techniques on sexual issues []identifies problem []brainstorms alternatives []considers possible solutions, including own values []tests consequences of each through verbal rehearsal []chooses a solution/plan of action, compromising if necessary []carries out solution, anticipating consequences []evaluates solution	3 x				A		226

226 ACTIVITIES

Objectives requiring "226" advisory committee review from the Special Education Addendum - Michigan Model for Comprehensive School Health Education

AND

Suggested Activities for the "226" Objectives

AND

Teaching Materials Listing

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Some suggestions and thoughts before looking at the specific activities.

These goals, objectives and teaching activities were gathered and organized by teachers who are currently teaching "sex education". The educational level of the students are from very high functioning educable to emotionally impaired to the cognitively young multiply handicapped.

The over all general suggestions from these teachers are as follows:

1) Small group discussion seems to work the best. Teacher discretion and experience ends up being the best monitor on whether or not the subjects to be discussed should be in single sex groups. One suggestion that everyone thought valuable was that when the group met, coffee and tea were available. The teacher seemed to think that this set the attitude: we were going to be talking about serious subjects and "grown up" subjects and the coffee and tea were perceived to be "grown up discussion facilitators" by the students.

2) Eliciting information in give and take discussion rather than using a lecture format was agreed upon as being very valuable. The teacher is then able to evaluate the student's understanding of the topics because they are talking.

3) Using teaching materials, concrete objects, films, etc. were helpful. Many of the teachers commented on the fact that they could not teach if it were not for current magazines. They used articles and the photographs and pictures frequently. This also worked well because, unfortunately, many materials in this field are dated and the magazines are current.

4) Talk to the parents. No one could emphasize this enough. When the students asked questions, began any behavior associated with this area or when the teacher began noticing behaviors, call the parents to inform them of the incidents/changes. Naturally be calm and be prepared to offer suggestions to the parent. At present, this is still one area that is difficult to talk about (general or special education) and parents still need some assistance.

5) Open communication was one of the goals that all of the teachers mentioned as one of the primary purposes for bringing this topic into the classroom. Helping the students and parents find ways to talk to one another about this area is so important.

6) Even with teaching materials, most of the teachers emphasized that student discussion was more valuable than anything else. Projects, drawings, homework, nothing was as helpful to the students as learning to articulate their feelings, knowledge, questions, etc. Consequently, most of the activities center around discussion groups. Items listed in the activities are things that all felt should be discussed.

7) The activities are not the be all and end all. Obviously, discuss whatever has to be discussed but simply make sure that the items listed make it into the discussion.

8) Full information on the materials is listed in the Resource/Bibliography/ Teaching Materials Section. For the items that have WCISD and a catalog number only, call the WCISD Professional Resource Center 467-1300 for publisher information. For the items that have WOLF and a catalog number, call the Wayne-Oakland Library Federation 326-8923 for film information.

Preparing for Counseling or Teaching About Sexuality*

Generally speaking, sex educators and counselors should be very special people. In no other subject is effectiveness based so completely on what you know about yourself, the subject, and clients or students. The professional must have skills necessary to teach or counsel in an atmosphere of embarrassment, guilt, and anxiety - moods that often prevail when the topic involves sexuality. Top priority is the interpersonal relationship, which includes such things as listening to each other, close communication, honesty, and openness.

If you plan to teach or counsel about sexuality, or include it in your professional services, check the following requirements. You may not have achieved them all, but they should be strived for.

1. Know the basic subject matter.
2. Be knowledgeable of the students or clients and perceptive enough to know how to reach them effectively.
3. Be comfortable with your own sexuality so that you need not struggle with unresolved conflicts, anxiety, and tension.
4. Be comfortable when discussing sexuality.
5. Be comfortable with the language of sex, both technical and slang, and be able to use it and hear it spoken from others comfortably.
6. Accept the belief that the goal of family life education is not to eliminate all sexual response and that sexual lifestyles, feelings, and attitudes of others, especially when they are different from your own.
7. Be accepting and tolerant of the sexual lifestyles, feelings, and attitudes of others, especially when they are different from your own.
8. Be imaginative, ingenious, and flexible because the subject matter is often difficult to present.
9. Have a sense of humor. Sexuality should not be grim, although it is often treated as if it were.
10. Be honest and direct in manner and speech.

11. Be a person of emotional stability and integrity.

* From Sex Education for Persons with Disabilities that Hinder Learning - Winifred Kempton

How Should You Teach? **

"There is no such thing as one ideal method of teaching. Each student must be dealt with as an individual and taking a 'canned' type program and attempting to impose it on everyone in the same way is not feasible." (From Sex Education for Persons with Disabilities that Hinder Learning, by Winifred Kempton).

Hopefully, you are fully cognizant of the importance of being natural and imaginative. However, family life education teachers are finding the following suggestions outlined below as being useful:

1. Before you begin be sure that the students have an understanding of their disabilities and what limitations each one involves.

2. Evaluate what level of learning each student is capable of and gauge what and how you will teach them accordingly. Obviously, subject matter for the severely low-functioning students is very limited and the process is training rather than teaching or counseling.

3. Find out what the students already know - draw out, don't 'pump in'.

4. Start where they are, at their level of learning as well as their ability to emotionally handle the subject.

5. Start where you are: If you don't feel comfortable in discussing some subjects, begin with those you do (as long as you get to all of them eventually).

6. If your students do not know the proper terminology of sexuality, use their words until they know how to use yours. Be sure to point out to them that your words are to be used as much as possible.

7. Keep explanations simple, honest, and direct. Don't hedge. Have them repeat to you what they have heard.

8. Don't wait for questions. They may be too shy or too uninformed to ask.

9. If students giggle and show other signs of tension and embarrassment, remind them that this is a grown-up subject and it is very important to know about it. Give them some time to get their emotions under control. Relax, don't scold or rush them. They may need to relieve their tension in this manner.

10. Keep the boys and girls together whenever possible. Some exceptions to this idea are:

---When the students are unusually self-conscious.
---When it seems wise to fill in wide gaps in their knowledge of their own sex (especially for boys, who don't like to admit ignorance).
---When it is easier for you.
---When the subject matter is of particular interest to one of the sexes, such as menstruation for the girls and wet dreams for the boys.

11. Don't lecture or moralize. your students may feel guilty enough, and it will only block communication. The students can bring forth the opinions on values or morals of their families, but the teacher should try to keep his or her own morals and lifestyle private. However, do emphasize that sexual matters are private and that there are responsibilities involved. Help them to understand that sexual exploitation of any kind is wrong.

12. Use tangible, visual materials whenever possible. Most special education students cannot learn without the use of them.

13. Use dramatic play. It is the best technique that can be used to find out what your students understand.

There are three types of dramatic play that are frequently used.

1. Pantomime is "action without words", which is expressing feeling and thoughts through the use of the body without speech. Pantomime is the simplest form of dramatic play and is helpful for practicing and identifying actions and behavior which do not involve dialogue. It is most effectively used with the non-verbal, the very young, or students with severe learning impairments.

2. Improvisation - a scene which is planned in advance (who, where) but action and dialogue are left to the players. Observing the students enact a scene in which they determine the outcome can be an excellent base for class discussion and can give the teachers insight into the ability of the students to make wise decisions. It is used most effectively with the moderately and mildly retarded, although all ages and levels can learn from it.

3. Role playing - part of socio-drama in which a life problem is acted out. By changing roles, the individual is given an opportunity to find alternatives through various life situations. After the scene is enacted as directed, the students gain insight first by evaluating their feelings during the drama and, secondly, by evaluating the audience reaction to the presentation. This exercise is usually most effective with groups of individuals who are able to communicate and interact.

--It helps teach self control.

--It promotes a better self-image because it permits each student to receive praise for his or her strength and to improve performance.

--It allows opportunities for interaction with classmates and teacher.

--It helps the special education student to distinguish between reality and unreality or, in simpler terms, pretend and real.

--It is a very effective tool for teaching responsibility.

--It can be used to reinforce socially acceptable behavior and explore the possible consequences of such things as unwanted pregnancies, marriage, parenthood, and so forth.

The scope and application of role playing as an educational tool are determined by the imagination and enthusiasm of the teacher and limitations of the students. Most impediments can be overcome with patience and hard work. The results will more than justify your efforts.

**Based on chapters 5 and 6 of Sex Education for Persons with Disabilities that Hinder Learning

UNIT: [AG I] - LEARNS ABOUT DISEASE PREVENTION AND CONTROL

CONTENT: [IO B] - Learns About the Causes and Treatment of Diseases

LESSON/ACTIVITY: [PO 6] - Lists symptoms of vaginal infection (e.g. yeast infection) and procedures to follow if discovered

MATERIALS:

(1) Stanfield Slides: #7-19, 7-32, 7-33 and slide explanation pages 44 & 46.
(2) Love, Sex and Birth Control (line drawings)

STEPS:

1. Begin a group discussion with female students in your classroom. Review prerequisite terms and concepts (itching, infection). "Have you ever been bitten by a mosquito?" "What happened?" "Did it itch...what did you do?"

2. Relate those initial symptoms to the vaginal area. Add to discussion additional symptoms of the odor and discharge in underwear.

3. Discuss: When this happens, here are ideas as to what you should do. Notify staff person and/or parent. Emphasize how you MUST find some help, because it won't just go away like the mosquito bite, and it may get worse!

ACTIVITY:

1. Do a role play using the information from steps 2 and 3. "Suppose you really had a vaginal infection! Ann, Let's pretend, and you show us what you would do!" Role play with several students.

2. Review in discussion key concepts. "What did we learn today?" (infection in vagina: we might have one if our vagina itches, smells or we see discharge in our underwear). We tell our teachers and/or parents.

SMI LEVEL OF FUNCTIONING:

Concept of itch, recognition and identification of vaginal area. (This activity will probably NOT be taught as a discussion group lesson, but rather information used when a situation occurs, using the "teachable moment" concept.)

TMI LEVEL OF FUNCTIONING:

Identify vagina, concepts of irritation, odor, discharge and itching; tell teacher or parent.

EMI LEVEL OF FUNCTIONING:

Activity/lesson designed for this level.

UNIT: [AG 1] - LEARNS ABOUT DISEASE PREVENTION AND CONTROL

CONTENT: [IO B] - Learns About the Causes and Treatment of Diseases

LESSON/ACTIVITY: [PO 7] - List symptoms of penis infections and procedures to follow if discovered.

MATERIALS:

(1) EASE Curriculum Guide, (Teaching Picture 4)
(2) Stanfield slides: (slides 3 - 8, 41 - 42 and 183 - 184)

STEPS:

ACTIVITY: Recommended MALES ONLY

1. Discussion and slide presentation on how a circumcised and uncircumcised penis looks and feels, when healthy and when there is infection.

2. Students should be able to talk about the difference between:
   a. normal and abnormal penile skin condition;
   b. normal and abnormal scrotal size and shape (tenderness, swelling, "bumps", difficulty or pain when urinating)

3. Do a role play with the students acting out what to do and who to tell if they have a penis infection.

SMI LEVEL OF FUNCTIONING:

Concept of pain while urinating, recognition and identification of the penis and "bumps" or swelling. (This activity will probably not be taught as a discussion group lesson but rather information used when a situation occurs, using the "teachable moment" concept.)

TMI LEVEL OF FUNCTIONING:

Identification of penis and surrounding genital area, understanding of the concepts; pain, swelling, tenderness, "bumps", and difficulty when urinating.

EMI LEVEL OF FUNCTIONING:

Activity/lesson designed for this level.

UNIT: [AG I] - LEARNS ABOUT DISEASE PREVENTION AND CONTROL

CONTENT: [IO B] - Learns About Causes and Treatment of Diseases

LESSON/ACTIVITY: [PO 8] - List Sexually Transmitted Diseases (STD) warning signals and procedure to follow if discovered.

MATERIALS:

1. EASE: Essential Adult Sex Education the Mentally Retarded, Unit III, Lesson A1, A2, A3 pgs 26-29
2. Stanfield slides part 7 pgs 42-47

STEPS:

1. Student will identify Sexually Transmitted Diseases.
    - [] Venereal disease
    - [] Syphilis
    - [] Gonorrhea
    - [] Herpes
    - [] Clap
    - [] Infection

2. Student will identify various symptoms of Sexually Transmitted Diseases.
    - [] Pus
    - [] Sores
    - [] Dripping
    - [] Itching
    - [] Burning
    - [] Discharge
    - [] Chancre

ACTIVITY:

1. a) Discuss what STDs are and various types. See Step #1.
   b) Discuss STDs effects on males/females.

2. a) Discuss symptoms of STDs.
   b) Emphasize difference in male/female symptoms.
   c) Stress the fact that you cannot cure this by yourself. You must see a doctor. Go over symptoms again. When do you see a doctor?

SMI LEVEL OF FUNCTIONING:

Not appropriate. If there are any questionable symptoms in any student, the nurse and parent will conference. Possible neglect and abuse charges may be filed if caregiver explanations are not clear to staff.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG I] - LEARNS ABOUT DISEASE PREVENTION AND CONTROL

CONTENT: [IO B] - Learn About the Causes and Treatment of Diseases

LESSON/ACTIVITY: [PO 9] - States facts related to STDs except AIDS (Acquired Immune Deficiency Syndrome). []infection can be sexually transmitted; []untreated STDs can result in physical damage; []some STDs are curable; others are controllable although not curable.

MATERIALS:

1. EASE Kit, Unit III, Lesson A1, A2, A3 pgs 26-29
2. Stanfield slides part 7 pgs 42-47.
3. Wayne County Department of Health has staff prepared to do presentations on this subject. Call them for speakers, materials or information.

STEPS:

1. Student will state how STDs infection can be sexually transmitted.
2. Student will state the physical damage of untreated STDs.
3. Student will state STDs that are curable and STDs that are controlled although not curable.

ACTIVITY:

1. Discussion of how STDs are transmitted through intercourse and/or transfer.
2. a) Discussion of serious and maybe permanent damage of untreated STDs - blindness, deafness, sterility, heart problems, death, etc.
   b) Pregnant females may pass STDs on to newborn during birth. The baby may be born with some handicaps.
3. a) Discuss STDs that are curable by going to the doctor and getting medication - pills, shots.
   b) Stress you can not cure this by yourself.
   c) Use EASE Kit - Lesson A3.
   d) Discuss ways STDs can be controlled (1) using safe sex procedures (2) taking precautions in public bathrooms.

NOTE: Student must have knowledge of the following terms:

pills
condom
doctor
abstention
death
shot
transfer
penicillin
deafness
blindness
heart problems
sexual intercourse
sterility

SMI LEVEL OF FUNCTIONING:

Not appropriate

TMI LEVEL OF FUNCTIONING:

As written

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG I] - LEARNS ABOUT DISEASE PREVENTION AND CONTROL

CONTENT: [IO B] - Learns About the Causes and Treatment of Diseases

LESSON/ACTIVITY: [PO 10] - States facts related to AIDS. []is transmitted sexually, and through blood transfusions, and through use of shared hypodermic needles []is very serious and leads to early death

MATERIALS:

1. "Teaching AIDS", Plan 1 AIDS - The Basic Unit, Diagrams 1-A thru 1-E and 2-A and 2-B.
2. Wayne County Dept. of Public Health has speakers prepared to do classroom presentations. Call them for information.

STEPS:

1. Student knows AIDS is the acronym for Acquired Immune Deficiency Syndrome.
2. Student can describe that AIDS is transmitted by (1) body fluid exchange in unprotected sex situations (2) blood transfusions (3) use of shared needles for IV drug use (4) use of non-professional tattoo needles (5) infected mothers passing the virus to the fetus during pregnancy.
3. Student can describe AIDS is a serious disease and leads to early death.
4. Student can describe some of the symptoms of AIDS.

ACTIVITY:

1. Discuss what AIDS is and is not.
2. Discuss the most common ways of AIDS transmission.
   - [] oral-genital contact
   - [] open-mouthed, intimate kissing
   - [] contact with any body fluids (semen, blood, feces, urine, etc)
   - [] sexual intercourse
   - [] sharing hypodermic needles or tattoo needles
3. Discuss ways to reduce the possibility of transmitting the virus:
   - [] condom use []intimacy by means other than sexual intercourse
4. Discuss common symptoms of AIDS: unexplained fatigue, weight loss, swollen glands, bumps under the skin, white spots around mouth.

NOTE: Student must have knowledge of following terms before proceeding with activity: condom, oral-genital contact, semen, blood, feces, urine

SMI LEVEL OF FUNCTIONING:

Not applicable. *Note: persistent colds, rashes or lethargy would be referred to the school nurse.

TMI LEVEL OF FUNCTIONING:

Discuss AIDS reality and myth and how to reduce the possibility of transmitting the virus. Do other activities if the students have the level of understanding necessary to comprehend the information.

EMI LEVEL OF FUNCTIONING: Activity/lesson designed for this level.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills (Deodorant, Nails, Shaving, Menstrual Care)

LESSON/ACTIVITY: [PO 22] - Describe menstruation and its role in reproduction.

MATERIALS:

1. EASE, Sequential Curriculum Guide. Unit I, Lesson B-3
2. Stanfield slides: 3-10 to 3-39.

STEPS:

1. Student understands vocabulary related to menstruation:

☐ uterus	☐ blood	☐ stomach
☐ vagina	☐ period	☐ menstruation

2. Student can give a basic explanation for the purpose of menstruation.

ACTIVITY:

1. Explain that when a girl gets old enough, generally around 12, certain changes occur in the body. This is called menstruation. When you begin your period you see some blood or dark discharge on your underpants. It is nothing to get upset or worried about. It is part of growing up and being a woman. The flow lasts approximately 5-7 days.

2. Explain and describe menstruation's role in reproduction.

SMI LEVEL OF FUNCTIONING:

One of the biggest tasks is to help the young woman overcome any fear of the process. As the students enter puberty, talk to the families about preparing their daughter for this experience. Be prepared to offer individual family counseling (social worker intervention) if it is seen as needed.

TMI LEVEL OF FUNCTIONING:

Lesson/Activity designed for this level.

EMI LEVEL OF FUNCTIONING:

Lesson/Activity designed for this level.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 23] - Informs appropriate person that period has started and asks for medication or assistance if needed.

MATERIALS:

1. Stanfield Slides #3-14, 3-13.
2. Calendar for each female student.

STEPS:

Discussion groups - young women

ACTIVITY:

1. Chart cycles on individual calendar.
2. Discuss 28/30 days cycle.
3. Discuss missed periods and the ramifications.
    a. illness
    b. pregnancy
    c. stress
    d. who to notify

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

Activity/lesson designed for this level.

EMI LEVEL OF FUNCTIONING:

Activity/Lesson designed for this level.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 23] - Informs appropriate person that period has started and asks for medication or assistance, if needed.

MATERIALS:

1. Stanfield Slides #3-14, 3-13.
2. Taught Not Caught p. 144

STEPS:

1. Student understands and gives a basic explanation of menstruation.
2. Student understands the discomforts/feelings of menstruation: headache - cramps, chills - backache - moodiness (sad). (Use the Taught Not Caught activity.)
3. Student has understanding of time lapse between menstrual cycle.

ACTIVITY:

1. Chart cycles on calendar.
2. Discuss time lapse 28/30 days.
3. Discuss missed periods and importance of notifying responsible adult.

SMI LEVEL OF FUNCTIONING:

No appropriate for this level. Any training at all would be on a 1:1 basis.

TMI LEVEL OF FUNCTIONING:

As written

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 24] - Tolerates having sanitary pad put on.

MATERIALS:

1. A variety of sanitary napkins.
2. Stanfield slides, Female Puberty #3-15 to 3-24.
3. Female doll.

STEPS:

Discussion group - young women

ACTIVITY:

1. A) Show sanitary napkin. Ask if the girls know of any other names for it. Point out that this is the polite name for it.
   B) Show how it fits on the doll.
   C) Have girls practice wearing real underwear and napkins.
   D) Explain that napkin is not the same as table napkin. Napkin used to keep clothes from being soiled during period.
   E) Use model of soiled napkins to instruct when napkin needs to be changed.

SMI LEVEL OF FUNCTIONING:

*Teacher observation and/or home-school communication of when student has started her period. Instruct the student when the situation arises.

TMI LEVEL OF FUNCTIONING:

Lesson/Activity designed for this level.

EMI LEVEL OF FUNCTIONING:

Lesson/Activity designed for this level

*When working with severely impaired explain what you are doing as you do it. Maintain eye contact and a relaxed attitude.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 25] - Completes sanitary napkin Change.

MATERIALS:

Sanitary napkins.

STEPS:

Discussion group - young women

Student performs steps of sanitary napkin change.

- A) Put unused sanitary pad on clean surface within reach of toilet.
- B) Removes (used) adhesive pad from crotch of underpants.
    - []place piece cf paper toweling on floor beside toilet
    - []grasps one end of sanitary pad
    - []pulls pad off pants, holding fabric as necessary
    - []places pad on paper towel and folds it to cover pad
- C) Puts adhesive sanitary pad on crotch of underpants.
    - []picks up sanitary pad
    - []pulls off adhesive strip
    - []places pad, adhesive side down, in crotch of underwear
    - []places one hand on outside of crotch and press pad down

ACTIVITY:

1. Begin working with female students, as soon as possible, when training in use of feminine napkins (taking off, disposing and replacing sanitary pads). Demonstrate a procedure which involves privacy in acquiring a napkin and going to the bathroom to use it. Demonstrate the procedure for removing soiled pad, wrapping it in tissue/toilet paper and disposing of it in basket or receptacle. Demonstrate the procedure for pulling the adhesive strip from the napkin and pressing it on the underwear. This activity can be accomplished most easily if student is sitting on the toilet. Talk the activities through with the student as they are being demonstrated. As the student begins achieving independence in various steps begin fading prompts. Praise the student continuously throughout process whenever appropriate.

2. Establish with the student the type of communication system that the student is functioning with (sign language, picture card system, Hermes). When the student is nearing the time of the month when her period is to begin, periodically check the student to determine when period has begun. If so immediately begin communicating to the student that her period has begun, by signing and saying, pointing to picture card, etc. Manipulate the student through these motions and gradually fade prompts as student begins to establish understanding. Each time the student needs to change the sanitary pad, have her sign, vocalize or point to the picture card to identify this concept.

3. When working with the severely physically impaired who will probably not ever be able to complete this task without a great deal of assistance, always explain what you are doing, why this happens, when it happens. Maintain eye contact and a relaxed attitude. Whenever possible, we really recommend a woman doing this task for the young woman.

4. Present student with two sanitary napkins, one soiled and one that is clean. (Place soiled napkin in plastic bag.) Identify for the student which napkin is soiled and which napkin is clean. Ask the student to identify the soiled napkin and then the clean napkin.

   For example: "Show me the one which is clean..."
   "Point to the dirty napkin..."
   "Is this napkin clean or dirty?" (while pointing to one)

   Utilize fading techniques during process if necessary until student can independently determine the difference between the two sanitary napkins.

   NOTE: Varied substances can be used to simulate a soiled napkin (i.e. paint, red food coloring, etc).

5. When it is necessary for the student to change her sanitary pad, demonstrate for her the hand-over-hand manipulation process to remove the pad from her panties. Also demonstrate this for her by stressing that she handle the pad by its ends, instead of in the middle. The student can practice this method several times before her period so that she will remain familiarized with this process.

6. In order for student to identify various items involved in training menstrual care, determine functioning level of student and work with student at that level (object identification, picture identification, verbalizations). Present the student with various items (sanitary napkins, pants, underwear) or pictures of these items. Identify these items for the student and then begin working with student in identification of these items involved in menstruation.

7. Assist the student in keeping a schedule of specified time intervals which must be kept, so that the student can change her pad at specified times (every three to four hours). Set the timer for the time period. Train the student to notify an instructor when the timer sounds so that she can change her sanitary pad.

SMI LEVEL OF FUNCTIONING:

Activities 2 and 3 would be appropriate. For these students, always keep a calendar. Notify the parents anytime their schedule becomes irregular.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 26] - Completes tampon change.

MATERIALS:

1. Tampons.
2. Stanfield Slides and text 3-25 to 3-33

STEPS:

Discussion group - young women

ACTIVITY:

1. ☐Student removes used tampon.
2. ☐Wraps and disposes of used tampon in wastebasket not in the toilet.
3. ☐Student removes wrapper and inserts clean tampon.

SMI LEVEL OF FUNCTIONING:

Tampons are not recommended for this population - simply too difficult to use.

TMI LEVEL OF FUNCTIONING:

Discuss the pros and cons of tampons and sanitary napkins.

Tampons	Sanitary Napkins
1. insertion problems	1. easy to use
2. only one way to insert (string out)	2. completely safe
3. necessity of changing tampons	3. very few potential medical or infection problems
4. potential dangers of tampon left in the body	4. assistance is relatively easy and not particularly embarrassing to either student or staff
5. problems of tampon removal	

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 27] - Changes sanitary napkins as needed during one menstrual period independently.

MATERIALS:

Sanitary napkins, purse, bag, etc.

STEPS:

Discussion group - young women

ACTIVITY:

When student is menstruating and needs to carry a supply of sanitary napkins with her into the community (dance, doctor's office, group activity), verbally remind the student that she may need to bring along a supply with her. Demonstrate for her where the napkins are located and where to keep them (in purse, bag, etc). Prompt student to get the napkins when necessary and gradually fade prompts if possible. Make sure the student knows where the napkins are stored and where to keep them (purse, bag, etc) when it is necessary to keep a supply with them.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 28] - Maintains personal cleanliness during menstruation, []care of body, []washes, showers []soiled clothes/bed linens

MATERIALS:

1. Sanitary napkins
2. Stanfield slides - 3-15,3-24

STEPS:

Discussion group - young women

ACTIVITY:

1. Discuss why it is important to wash and shower regularly (i.e. body odor, germs, etc.).
2. A. Wash underarms with soap and water, apply deodorant.
   B. Discuss when to use deodorant (after bath, gym, morning) and why. Talk about different types.
3. A. Discuss what to do with soiled clothes and linens. (i.e. rinse off with cold water, tell parent/caregiver)

NOTE: Students should have knowledge of terms: wash, sanitary napkins, soiled, menstruation, personal hygiene, odor, germs, deodorant, perspiration, sweat, soap.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 28] - Maintains personal cleanliness during menstruation, []care of body, []washes, showers []soiled clothes/bed linens

MATERIALS:

Stanfield slides 3-34 and 3-35

STEPS:

Discussion group - young women

1. Student understands terms: []blood []cold []wash []detergent.
2. Student understands soiled clothes are washed in cold water.
3. Student understands that accidents happen, and not to worry if clothes become soiled, simply do what is needed to clean the clothes.

ACTIVITY:

If student soils clothing during menstruation, direct the student to location or cabinet in classroom where clothes/personal items are stored. Assist student in finding own clothes bag or container. Ask student what she needs to wear and direct her to get those garments from the bag. Assist only when necessary. The student can then return to the bathroom and change her clothes. Again, assist only when necessary. Praise her throughout the process, i.e. "Good, you changed your underpants! Good, you found your underwear!" Have the student rinse soiled clothing in cold water. Have the student wash soiled clothing if a machine is available.

SMI LEVEL OF FUNCTIONING:

Assist with all activities.

TMI LEVEL OF FUNCTIONING:

Student will need assistance to begin with but can learn to take care of her own needs.

EMI LEVEL OF FUNCTIONING:

Steps and activities designed for this level.

UNIT: [AG II] - FOLLOWS PERSONAL HEALTH PRACTICES

CONTENT: [IO D] - Learns Adolescent Hygiene Skills

LESSON/ACTIVITY: [PO 29] - Describes aspects of menstruation []time lapse between menstrual period []discharge during period []discomfort/cramps at beginning of period []use/disposal of sanitary napkins

MATERIALS:

1. Calendar and marker
2. Sanitary napkin
3. Food coloring
4. Stanfield slides 3-14, 3-13
5. Underpants
6. Toilet paper
7. Taught Not Caught, pgs 70-73.

STEPS:

Discussion group - young women.

ACTIVITY:

1. A. Chart cycle on a calendar.
   B. Discuss time lapse - around 28 days.
   C. Discuss who to notify if a period is missed.
2. A. Discuss that the body discharges a bloody substance during menstruation.
   B. Put red colored water on sanitary napkin. Let student feel it next to body.
3. A. Teacher discusses the many different feelings a woman may have during her period, but not everyone is alike. If you are feeling poorly tell mother or teacher. This does not mean you stop going to school, work or having fun. You can swim, take a bath, go to gym, etc.
4. A. Show a sanitary napkin. Use a pair of underpants. Let the child put the pad on the underpants.
   B. Put some red colored water on napkin. Have the child put it on to get the sensation of a soiled napkin.
   C. Demonstrate how to dispose of a napkin. Wrap it in toilet paper and throw it away in a garbage can.
5. Taught Not Caught units pgs 70-73

NOTE: Students should have knowledge of following terms: calendar, discharge, blood, sanitary napkin, period, wet, cramps, headache, sad, moody, underpants, toilet paper.

SMI LEVEL OF FUNCTIONING: Not applicable

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO A] - Understands the concept of the Life Cycle

LESSON/ACTIVITY: [PO 9] - States that animals are born alive []some are hatched from eggs []some come directly from the mother's body

MATERIALS:

1. Wayne County Department of Natural Resources - Kits of Fertilized eggs.
2. Human and Animal Beginnings, (film) WOLF 20915; Animal Babies, (film) WOLF 1.5-0450; Animals Hatched from Eggs, (film) WOLF 1-2349.

STEPS:

1. Student will state that some animals are hatched from eggs and give examples.

2. Student states that some animals come directly from the mother's body and give examples.

ACTIVITY:

1. Have various pictures of animals with their eggs and different birds and nests. Discuss how the eggs are fertilized.

2. Discuss animals that nourish babies inside the mother's body. You can use pictures and movies of animals being born (cows, horses, etc.)

NOTE: Student must have knowledge of following terms: eggs, fertilized eggs, nest, incubation

SMI LEVEL OF FUNCTIONING:

Show pictures and movies with limited discussion at the students' level.

TMI LEVEL OF FUNCTIONING:

Activity designed for this level.

EMI LEVEL OF FUNCTIONING:

Activity designed for this level.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO A] - Understands the Concept of the Life Cycle

LESSON/ACTIVITY: [PO 10] - States that offspring (plants and animals) resemble parents

MATERIALS:

1. Michigan Model for a Comprehensive School Health Education Phase II, "Growing & Caring" Lesson 10.
2. (A) QL 77B-MA - WCISD, PRC - Animals and Their Young. (B) Human and Animal Beginnings (film) WOLF 1.5-0450. (C) Growing Seeds QK 731A:-BK - WCISD, PRC

STEPS:

1. Student will state that plant offspring resemble parents
2. Student will state that animal offspring resemble parents
3. Student will state that children resemble parents

ACTIVITY:

1. A. Have pictures of various types of plants and their offspring
   B. Take cuttings of plants and grow them to show "parent and child"
2. Discuss how animal offspring look like parents. You can show pictures of various animals and babies. Use the films.
3. Discuss that child has some of each parents characteristics, i.e. looks, personality traits in addition to looking like one of the parents.

NOTE: Student must have knowledge of following terms: offspring, child, parents, resemble

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

Activity/lesson written for this level.

EMI LEVEL OF FUNCTIONING:

Activity/lesson written for this level.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO A] - Understands the Concept of the Life Cycle

LESSON/ACTIVITY: [PO 11] - Describes the "life cycle"

MATERIALS:

1. Michigan Model for a Comprehensive School Health Education, Phase II "Growing and Caring", Lesson 13
2. Plant Structures and Growth - WCISD QK 49A-FC
3. Life Concepts flashcards: set 1; birth and death -WCISD-BD 443A-CF
4. How Animals Live and Grow - WCISD - QL 49A-FC

STEPS:

1. The student will state the stages of the "life cycle" of plants

2. The student will state the stages of the "life cycle" of animals

3. The student will state the stages of the "life cycle" of people

ACTIVITY:

1. Discuss the growth cycle and the changes that occur and then the plant dies. Use various examples. i.e. Flower, plant the seed, see green growth, the plant gets bigger, a bud appears, the bud blooms, the bloom dies. Show pictures of different stages. Grow plants from seeds in the classroom.

2. Discuss stages of animal's life. The animal is born, it grows and changes and dies. Show pictures of different stages.

3. Discuss stages of people - born baby, infant, small child, adolescent, adult, grow older, die. Show pictures of different stages.

NOTE: Terms student must know: seed, bud, bloom, die, life cycle, born, grows, baby, infant, child, adolescent, adult

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

Activity designed for this level.

EMI LEVEL OF FUNCTIONING:

Use activities with more in depth discussion.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO B] - Learns Basic Information about Body Parts

LESSON/ACTIVITY: [PO 6] - Identifies/names reproductive body parts: []penis []vagina []uterus

MATERIALS:

1. Jackson models of human genital anatomy
2. Stanfield slides, part 1 pgs 3-9
3. EASE, Unit I, A-1 - A-3, pgs 2,3
4. Sex Education for the Developmentally Disabled; pictures 8 & 9

STEPS:

Discussion groups - sexes separate

ACTIVITY:

1. Using the dolls and slides, identify and name the reproductive body parts.

2. If comfortable, have the group point to the location of the body parts.

3. Have the group locate the body parts on individual drawings.

SMI LEVEL OF FUNCTIONING:

Identifying the location of the body parts would be the main objective. If they could also name the body parts, then use the objectives as written.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 3] - Describes emotional changes that occur during adolescence (e.g. sexual feelings, worries, feeling sad/depressed)

MATERIALS:

1. Magazines - teacher collected
2. EASE - Unit I, B-2, B-6 filmstrip on moods
3. Understanding Your Feelings

STEPS:

Discussion group - same sex

ACTIVITY:

1. A. Using magazines, collect a number of pictures of people exhibiting different emotions. Discuss the pictures talking about the emotions and why they might be feeling that way.
   B. Discuss sexual feelings using the EASE and "Understanding Your Feelings" kits. (Lesson plans are included in each kit.)

NOTE: Suggested emotions: happy, sad, angry, unhappy, miserable, uneasy, unsure, excited, crabby, scary, confused, embarrassed, funny, wonderful, nervous, sexy

SMI LEVEL OF FUNCTIONING:

The activities may be appropriate if the number of emotions discussed are few and very basic: mad, happy, sad, angry.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO D] - Learns Basic Information About Body Systems

LESSON/ACTIVITY: [PO 5] - States function/importance of reproductive system

MATERIALS:

1. Jackson models of male reproductive anatomy and model of female reproductive anatomy.
2. Stanfield slides; part 5.
3. Love, Sex and Birth Control for Mentally Retarded - A Guide for Parents, pages 10-13

STEPS:

Discussion group - sexes separate.

ACTIVITY:

1. Explain systems using the models
2. Have each student explain the system using the models
3. Review slides together
4. Have each student explain the system by narrating the slides

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written..

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 1] - Describes visible physical changes that occur during adolescence.

MATERIALS:

1. EASE Kit - Lesson B1 and B2, teaching pictures 6 - 7.
2. Magazine pictures - teacher collected.

STEPS:

Discussion group same sex.

ACTIVITY:

1. A. Discuss differences in adolescence activities and young child activities. Use EASE kit, Lesson B1.
   B. Bring in baby clothes and talk about the difference.
   C. Look through magazines and cut out pictures at different ages and discuss the differences.

2. A. Display pictures and discuss physical changes, breasts, pubic hair, underarm hair, facial hair, etc.
   B. Use assessment pictures to show differences as child grows - taller, wider hips, etc.

NOTE: Terms student must have knowledge of: infant, childhood, adolescence, teenager, puberty, adult, tall, breasts, hair, chest hair, pubic hair, underarm hair, side burns, perspire - sweat

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Emotional and Physical)

LESSON/ACTIVITY: [PO 2] - States words that are associated with body parts and physical changes []slang, []proper terminology, []curse/swear words

MATERIALS:

1. Stanfield slides 1-16, 1-21, 1-22.
2. EASE - Lesson A, A2.

STEPS:

Discussion group - same sex

ACTIVITY:

1. A. Using the Stanfield slides have student point to and name body parts for each sex.
   B. Discuss various body parts using proper terminology and slang.
      1. "What do you call this?" (pointing to a body part)
      2. "What is the real name?"
      3. "Why do you have to know the real name?"

POTENTIAL VOCABULARY: Terms student must have a knowledge of: penis, dick, rod, wiener, prick, testicles, balls, nuts, vagina, hole, pussy, breasts, boobs

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 4] - States positive aspects of growing up (e.g. can do more for self)

MATERIALS:

1. EASE kit - Lesson B1 and B6.
2. Stanfield Slides 1-5, 1-20, 3-2, 2-2
3. Magazine pictures - teacher collected.

STEPS:

Discussion group.

ACTIVITY:

1. The students can find magazine pictures that illustrate things that can be done during adolescence that could not be done as a baby or younger child.

2. Using the EASE kit, discuss things that can be done now that could not be done as a baby.

3. Using Stanfield slides, generate a discussion of the positive aspects of growing up.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 5] - Describes less visible physical and behavioral developments that occur in young men during adolescence (e.g. masturbation, erections, "wet dreams", ejaculations, touch that generates sexual feelings)

MATERIALS:

1. Stanfield slides, part II.
2. EASE, Unit I, A-3, B-2, B-4, B-6; Unit II, A-1.

STEPS:

Discussion group - young men only.

ACTIVITY:

ERECTIONS

1. A. Use Stanfield slides and the EASE lessons to discuss sexual feelings and relationship to erections.
   B. Role play situations where sexual feelings might be generated. (dance, date, opposite sex work partner, etc.) Discuss and role play appropriate reactions to being with someone who causes all of the feelings. What can you do in public? What would be private behavior?
   C. Describe physiological process.

MASTURBATION

2. A. Discuss masturbation.
      (1)define the term,
      (2)discuss slang terms,
      (3)discuss reasons for masturbating (excitement, nervousness, erection, pleasure),
      (4)public/privacy issue. Where is this behavior appropriate?,
      (5)it is OK to do it, also OK not to.
   B. See activities for AG-IV, IO E, PO 8.

WET DREAMS

3. A. Discuss and describe "wet dreams".
      (1)It may happen when a boy starts puberty changes.
      (2)You can't make it happen or not happen.
      (3)Soiled clothing and bed sheets.

TOUCH

4. Discuss difference between friendly/affectionate touch and sexual touches. Who does what touch? Private and public touches. What do touches tell you? What are appropriate touches by: friends; co workers; family; strangers.

EJACULATIONS

5. Discuss and describe ejaculation. Describe physiological process.

NOTE: Vocabulary would include: erection, hard-on, excited, penis, boner, sexual feelings, private, masturbation, jacking-off, playing with self, semen, wet dreams, puberty

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 6] - Describes less visible physical and behavioral developments that occur in young women during adolescence (e.g. masturbation, menstruation, touch that generates sexual feelings)

MATERIALS:

1. Stanfield slides, Part 1, 3.
2. Female adult doll.
3. EASE-Unit I A-3, B-2, B-3, B-6, Unit II A-1.
4. Sanitary napkins.
5. Underpants.
6. Colored water.

STEPS:

Discussion group - young women only.

ACTIVITY:

PUBERTY

1. A. Use Stanfield slides-Female puberty & body parts and discuss the physical changes i.e. enlarged breasts, pubic hair, underarm hair, etc.
   B. Use a female doll or EASE to discuss changes that occur during puberty.

MENSTRUATION

2. A. Use EASE kit to explain menstruation. Explain when the change occurs - about age 12. When you begin your period, you will see some blood on your underpants. It is nothing to get upset or worried about. It is part of becoming a woman. The blood will probably flow 5-7 days. You may feel cramps, before or during your period.
   B. When this happens you may have blood on your underpants, sheets or toilet paper. Do not be worried. Let your mother or caretaker know. You are not sick, this happens to everyone.
   C. Show a sanitary napkin. Use a pair of underpants and practice putting pad on.
   D. Color some water red and put some on a sanitary napkin. Then have the child put it on to get the sensation of a soiled napkin. Discuss the need to change a napkin.
   E. Explain that a sanitary napkin is different than a table napkin. A sanitary napkin or pad is used to keep a woman's clothes clean while she is menstruating.
   F. Show how to properly dispose of a soiled napkin.

MASTURBATION

3. A. Define the term. (wanting to touch their body, including nipples and genital area because it feels good)
   B. Discuss:
      (1)universal feeling;
      (2)not good or bad;
      (3)not necessary to health-only means of pleasure;
      (4)hygiene issues:
         (a)wash hands before to prevent infection;
         (b)wash hands and genital area afterwards to prevent odor;
      (5)public/privacy appropriate behaviors
   C. See AG-IV, IO E, PO 8.

TOUCH

4. A. Discuss:
      (1)different touches;
      (2)appropriate public touches;
      (3)who can touch and when.

NOTE: Vocabulary would include: vagina, breast, menstrual period, pubic hair, underarm hair, uterus, stomach, blood, menstruation, period, sanitary napkin, blood, cold, public, private, masturbating, touch, self.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 7] - Gives basic explanation of menstruation and its relationship to reproduction

MATERIALS:

1. Stanfield slides, Part V.
2. EASE Unit I B-3, Unit II C-1.
3. Love, Sex and Birth Control, p. 9.

STEPS:

Discussion group.

ACTIVITY:

1. A. Discuss menstruation. Describe the process: an egg is released from the ovary. It travels through the fallopian tubes to the uterus. If no sperm penetrates the egg in its travels, the body gets rid of the nourishment the uterus has been storing for the egg. This flushing or discharge is the period flow called menstruation.
   B. Use a diagram to demonstrate the progress of the egg both when fertilized and unfertilized.
   C. Discuss reproduction. See activities for AG-IV, IO F, PO 4.

NOTE: Vocabulary should include: egg, Fallopian tube, uterus, semen, penetrate, discharge, menstruation
See AG-II, IO-D, PO-22.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

The goal would be to understand the relationship between missed periods and pregnancy.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO E] - Learns About Adolescent Changes (Physical and Emotional)

LESSON/ACTIVITY: [PO 8] - Describes masturbation hygiene and behavior []in private/non-public place []wash hands before []wash hands, penis or vaginal area afterwards []change clothes, bed clothes if soiled

MATERIALS:

1. EASE, Unit II A-1, teaching pictures 8 & 9.

STEPS:

Discussion group - same sex.

ACTIVITY:

1. A. Discuss the terms public and private. Stress that it is OK to masturbate in private.
   B. Make a list of places the students go and categorize public and private. Private is one's bedroom and you are alone.

2. A. Discuss the importance of having clean hands before the student masturbates. The need for this is no spread of germs or infection.
   B. Wash hands when done so there is no smell or semen or hands or penis. Girls wash vaginal area so no smell, etc.

3. A. If your clothes or bed linens are soiled, they should be changed.

NOTE: Vocabulary should include: public, private, masturbation, alone, clean, soiled, penis, vagina

SMI LEVEL OF FUNCTIONING:

Perhaps on a 1:1 basis. The parents should be consulted before any teaching or behavior modification is undertaken.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns about Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 1] - Describes the term intercourse.

MATERIALS:

1. "Being Me" Assessment Photo Cards.
2. Stanfield slides 5-13 through 5-17.
3. EASE Unit II, A-3 pg 13-14.

STEPS:

Discussion groups.

ACTIVITY:

1. Group discussion on what intercourse is and what kinds of activities do not constitute intercourse (kissing, holding hands, petting, etc.)

2. Show slides of a couple having intercourse showing the male and female in different positions.

3. Discuss birth control and relationship to intercourse. See activities: AG-V, IO E, PO 14, PO 16, PO 17, PO 18.

SMI LEVEL OF FUNCTIONING:

Not appropriate

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns about Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 1] - Describes the term intercourse.

MATERIALS:

1. EASE Curriculum Human Sexuality Portfolio.
2. Love, Sex and Birth Control for the Mentally Retarded.
3. Film "Phoebe: A Story of Premarital Pregnancy".

STEPS:

The teacher can explain that there are ways to prevent pregnancy, abstinence, mutual petting, etc. The teacher can explain that children should be a matter of choice and require certain skills and maturity.

ACTIVITY:

1. Present basic terms and ask students if they know other words that mean the same. Use slang words they may share as a point of departure for teaching standard terms.

2. Discuss myths about sex that students might have such as kissing causes a girl to become pregnant sexual intercourse right before a girl's period is safe, etc.

3. Review the unit on Reproduction. Discuss the act of intercourse by stating the act usually starts with some sort of sex play. When both partners are aroused, the male inserts his erect penis into the vagina. The movement of both male and female brings on a climax (orgasm) and the male ejaculates sperm into the woman's vagina.

4. Discuss what activities lead up to sexual intercourse such as necking and petting. Explain what arousal is.

SMI LEVEL OF FUNCTIONING:

If there is a need in this area, it should be a one-on-one discussion and notify parent.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns about Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 2] - States 2 reasons why people have intercourse.

MATERIALS:

1. EASE Unit II, A-3, pgs 13 & 14.
2. Love, Sex and Birth Control for the Mentally Retarded.
3. Film "Phoebe: A Story of Premarital Pregnancy". 4. Stanfield slides Part V, slides 5-8 to 5-12.

STEPS:

The teacher can explain that there are ways to prevent pregnancy, abstinence, mutual petting, etc. The teacher can explain that children should be a matter of choice and require certain skills and maturity.

ACTIVITY:

1. Discuss reasons why people engage in sexual intercourse. Some reasons: satisfy sex drives, express love and affection, procreation, relief of sexual tensions, desire to please another person, feel needed.

2. Discuss the idea that there are many types of activities which are fun that do not involve sex. Describe and list.

SMI LEVEL OF FUNCTIONING:

If there is a need in this area it should be a one-on-one discussion and notify parent.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns about Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 3] - Defines the term pregnant and identifies women as pregnant or not pregnant.

MATERIALS:

1. EASE Unit II, Lesson C-2 (guide pages 20-21).
2. Stanfield slides 5-22 through 5-31 (pages 29-31).
3. Magazines - teacher collected.

STEPS:

ACTIVITY:

1. Discussion on what it means to be pregnant; discuss signs, physical and biological, responsibilities, and give the definition of pregnancy.
2. Show slides of women who are pregnant and who are not pregnant.
3. Find magazine pictures of pregnant women.

SMI LEVEL OF FUNCTIONING:

Some students may do the identification portion of this goal.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns About Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 3] - Defines the term "pregnant" and identifies women as pregnant and not pregnant

MATERIALS:

Stanfield Slides 5-24 thru 5-32.

STEPS:

Show slides and have discussion

ACTIVITY:

1. Slide 5-24 DIAGRAM OF WOMAN NON-PREGNANT

What do you think this drawing shows? This is a drawing of how a woman looks inside her body before she becomes pregnant. (Indicate the stomach.) This is the woman's stomach, and down here is the uterus where the fetus grows when a woman becomes pregnant. Do you remember what the "fetus" is? It is the egg which grows bigger after the sperm meets with it and it slowly develops into a baby. In the next slide, we'll see how the inside of a woman's body changes after she becomes pregnant.

2. Slide 5-25 DIAGRAM OF WOMAN HALFWAY THROUGH PREGNANCY.

Who can show us where the fetus is in this picture? Can someone show us where the uterus or womb is? Has the uterus gotten bigger? Where is the stomach in this one? Has the stomach moved?

In this picture the woman has been pregnant four and a half months. Pregnancy last about nine months, so the woman is about halfway through her pregnancy. It is about this time that the fetus begins to move - the mother will feel it move inside her body.

It is very important that a woman who is pregnant does not take medicine unless the doctor says she should. The fetus' hands, arms eyes, head and legs begin to grow very soon after the egg gets into the uterus. Wrong medicine can change this and harm the fetus. It is also very important for a pregnant woman to eat foods that are good for her; she should eat meat, cheese, vegetables and fruit. This will help the baby to grow and be healthy. It will make the woman feel better too.

3. Slide 5 - 26 PREGNANT WOMAN BEING CHECKED BY DOCTOR

This woman is pregnant, and the doctor is feeling the baby to see if it is healthy. A woman must see a doctor once a month for the first few months after she becomes pregnant. The last few months, she will see the doctor every two weeks, or every week.

4. Slide 5-27 FIVE-MONTH PREGNANT WOMAN WASHING DISHES

The woman in this picture has been pregnant for five months. Most women wear special clothes called "maternity clothes" when they are this pregnant.

When she is pregnant a woman's breasts begin to get bigger and heavier and the nipples of the breasts often become larger and darker. This is normal. Some women feel happy when they are pregnant and some feel unhappy. Some women feel sick when they are pregnant and other women feel fine.

5. Slide 5-28 SEVEN-MONTH PREGNANT WOMAN PUSHING BABY

Do you think this woman has been pregnant longer than the woman in the last picture? This woman is seven months pregnant.

When a woman is pregnant, it is harder to do things like taking care of another baby, scrubbing floors, and carrying bags of groceries. Every month, as the baby in her uterus grows, the woman gains more weight and her abdomen gets bigger. This can make her uncomfortable. Many women, after the sixth month, have little contractions. A contraction is a cramp where the baby is growing. This means that the uterus is getting ready to push the baby out soon.

Some women are tired and cranky and have trouble sleeping in the last few months of pregnancy. Some women feel good and are peppy. No woman knows how she will feel until she becomes pregnant.

6. Slide 5-29 DIAGRAM OF NINE-MONTH PREGNANT WOMAN

What do you think this is a picture of? Can anyone see where the stomach has gone? Can anyone show us the outside of the uterus? Can you see what has happened to all the organs that a woman has inside her body? They've all been pushed up and the ribs have to get wider to hold them all. Do you think this baby will be born soon? This woman is nine months pregnant. Her baby is fully developed and ready to be born. The baby is kicking very hard and moving around a lot.

How much do you think a baby weighs when it's born? Most babies weigh around six or seven pounds when they are born.

Sometimes the baby decides it wants to be born early and the uterus pushes the baby out of the mother before the regular nine months are up. If this happens we call it a "premature baby". It is usually smaller than a nine-month baby and is kept in a special place in the hospital called an "incubator". It stays there and needs very special care until it is strong.

7. Slide 5-30 NINE-MONTH PREGNANT WOMAN WAITING FOR BUS

How pregnant do you think this woman is? How much weight do you think most women gain when they are pregnant? Most women gain between twenty and thirty pounds when they are pregnant.

How do you think the woman in this picture feels? Many women feel very unattractive when they are pregnant but some women feel attractive. Many women complain during the last month they are pregnant. They may be depressed and sad and cranky and cry a lot. They also say they are tired. Being pregnant is not easy. Every woman must consider the good side and the bad side of being pregnant. What do you think about pregnancy?

8. Slide 5-31 COMBINATION OF THE THREE PREGNANCY DIAGRAMS

Now let's review. Who can show us which of these drawings shows a woman before she is pregnant? Which drawing shows a woman halfway through pregnancy? Which drawing shows a woman who is about to give birth?

When a woman is pregnant where does the baby grow? What happens to the stomach and the other parts inside a woman's body as the baby grows?

9. Slide 5-32 GROUP INSTRUCTION

What do you think is happening in this picture? The men and women in this picture are learning about childbirth and what will happen when the baby is born. The women are learning how to do exercises to help them when they have their babies. Not all women who are pregnant go to childbirth classes, just the women who want to learn to do exercises that help them handle the labor pains without having to be put to sleep.

SMI LEVEL OF FUNCTIONING:

Do activity as written.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns about Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 4] -Gives basic explanation of reproduction, using proper terminology

MATERIALS:

1. EASE, Unit II, Lesson C-1, P. 19.
2. Stanfield text and slides Part V, Human Reproduction (slides 5-13 -- 5-21).
3. How Animals Live and Grow.

STEPS:

ACTIVITY:

1. Explain that in order for an animal or human to reproduce it requires both a mother and a father, i.e., male and female.

2. Have students cut out pictures of both sexes of animals and humans. Display pictures of animal and human families including those of the students.

3. Have students match up pictures of members of animal and human families to demonstrate the concept of like reproducing like.

4. Have students identify animals which do not belong in a family group, for example, a dog with cats.

5. Use animals in the classroom such as hamsters and fish that may reproduce. Discuss.

6. Visit the farm during time of year when newborn animals may be present.

7. Enlist other staff or friends to share newborn pets with your class.

8. Use films showing birth of animals.

9. Use pictures to identify and emphasize positive aspects of hospitalization.

10. Make a bulletin board using baby pictures, birth statistics, and name of hospital where birth occurred.

11. Show pictures that depict pregnancy and discuss what happens during gestation.

SMI LEVEL OF FUNCTIONING: Not appropriate.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written

UNIT: [AG IV] _ LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns About Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 5] - States at least 3 procedures a pregnant woman should follow to keep herself and her baby healthy (e.g. eat well, exercise, take vitamins, visit doctor regularly)

MATERIALS:

1. Stanfield slides, Part V Human Reproduction, Slides 5-22 thru 5-26.
2. Getting Ready For Your Baby.

STEPS:

ACTIVITY:

1. Group discussions are most appropriate at this level. If possible invite a doctor or your school nurse to class to lead the discussions.

2. Talk about nutrition in general and the importance of eating foods from all the food groups.

3. Discuss the health risks to mother and baby when the mother drinks alcohol, does drugs or smokes during pregnancy.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns About Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 6] - Describes the birth process (labor and delivery).

MATERIALS:

1. Stanfield slides, Part V Human Reproduction, text & slides 5-32 thru 5-42.
2. EASE Unit II, C-2
3. Film - Baby Is Born

STEPS:

Group Discussion

ACTIVITY:

1. Using the audio visual materials, discuss the process.
2. Review the whole process of reproduction, from conception to birth.

SMI LEVEL OF FUNCTIONING:

Not appropriate as a group. Any discussion would be on a one to one basis. Parent consultation and social work intervention is necessary.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns About Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 7] - Lists at least 3 problems associated with pregnancy and birth or reasons to seek medical attention.

MATERIALS:

1. Getting Ready for Your Baby.

STEPS:

ACTIVITY:

1. The format will be discussion and question and answer sessions.
2. Problems such as morning sickness, heartburn and varicose veins can be discussed, stating the symptoms and simple solutions.
3. More serious problems, such as bleeding, swelling of the hands or feet, painful urination, bad pains in the stomach or back, should be discussed. The importance of calling the doctor if these problems occur should be stressed.
4. Invite a doctor or the school nurse to your classroom to lead discussions and answer questions.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO F] - Learns About Intercourse, Pregnancy and Birth

LESSON/ACTIVITY: [PO 8] - Names places where people can get information/help related to sexuality/pregnancy (e.g. family doctor, school nurse, public clinics, hospitals).

MATERIALS:

1. A list of public clinics, and hospitals in your area.
2. Resource person from Department of Public Health to come in and talk.

STEPS:

ACTIVITY:

1. Group discussion stating the various places people go to get information related to sexuality/pregnancy.

2. Invite the school nurse, a doctor or a representative from a public clinic to your class to explain where they are located in the community and how to go about getting help if needed.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG IV] - LEARNS ABOUT GROWTH AND DEVELOPMENT

CONTENT: [IO G] - Learns About Development of Infants and Children

LESSON/ACTIVITY: [PO 1J - Gives basic explanation of how a fetus grows inside its mother.

MATERIALS:

1. Stanfield slides.
2. Love, Sex & Birth Control, pages 10-13.

STEPS:

Small group discussion - sexes separate.

ACTIVITY:

1. Show slides and pictures from resources listed.

2. Have each student narrate slides.

3. Have each student "teach" other students in group by explaining the line drawings in Love, Sex & Birth Control for the Mentally Impaired.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO D] - Learns About Child Abuse and Exploitation

LESSON/ACTIVITY: [PO 4] - Identifies behavior that can be labeled abusive (physical, sexual, verbal, emotional abuse or neglect.)

MATERIALS:

pictures of nurturing behavior and abusive behavior; people talking/people shouting; people walking together/people fighting; clean child/dirty child, etc. - teacher collected.

STEPS:

Discussion group - both sexes present

ACTIVITY:

1. What does abuse mean? Treating someone in a way that physically hurts them or hurts their feelings. The behavior never makes the person feel happy.

2. Examples of abuse listed in objective (use pictures)

3. Have the students explain the meaning of each type of abuse. Some lead in questions would be: Have they seen this happen? How do they think the abused feel? What would they do? How do you protect yourself?

4. What should you do if someone does something like this to you?
    A. Tell them not to do that.
    B. Get away from that person.
    C. Tell a parent or teacher.
    D. Don't go near that person again.

SMI LEVEL OF FUNCTIONING:

As written.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO D] - Learns About Child Abuse and Exploitation.

LESSON/ACTIVITY: [PO 6] - Describe types of sexual abuse/exploitation
[]exhibitionism []rape []prostitution []fondling
[]incest []sexually explicit pictures []pornography
[]child molesting.

MATERIALS:

1. EASE Unit II, D-2.

STEPS:

Discussion group -sexes separate. Explain to students that these things are not allowed. All are against the law. Review list of people who should be told if someone tries to make the students do these or if a student has been exploited in one of these ways already. If a student shares information with you that gives you suspicion that he has been involved in any of the items - follow the suspected abuse procedure of your district.

ACTIVITY:

Part I.

1. What is exhibitionism? Exhibiting nude body or parts of body in public. It is against the law.
2. What is Rape? Sexual intercourse without consent. It is against the law.
3. What is prostitution? Selling your body to someone so they can use your body for sexual intercourse. It is against the law.
4. What is fondling? Touching another's private body parts for sexual stimulation.
5. What is incest? Having sexual intercourse with a relative.
6. What is pornography (sexually explicit pictures)? Pictures showing people doing things that are meant to cause sexual feeling in the people looking at the pictures.
7. What is child molesting? Touching a child's (anyone under 18 years of age) private parts or having sexual intercourse. This is against the law.

Part II.

1. What should you do if someone wants you to do any of the items?
   A. Say no. B. Get away from that person. C. Tell parent or teacher.
   D. Do not go near that person again.
2. Why should you say no?
   A. Against the law. B. Can physically hurt you. C. Concept of owning own body.

SMI LEVEL OF FUNCTIONING: Not appropriate.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO D] - Learns About Child Abuse and Exploitation

LESSON/ACTIVITY: [PO 10] - Demonstrates awareness of "private parts"

MATERIALS:

1. Child Abuse.
2. Special education curriculum on sexual exploitation.

STEPS:

Discussion group - both sexes present.

ACTIVITY:

1. What are the private parts? genital area, breasts, buttocks
2. Where are they on the drawings?
3. Where are they on each student? Student points to areas on own body.
4. Who can touch private parts and when?
5. Who do you tell if someone touches your private parts?
6. Demonstration of "Celia's apron" and "bathing suit", private parts criteria. See NOTES.

SMI LEVEL OF FUNCTIONING:

"Celia's apron" and "the bathing suit" should be taught.

TMI LEVEL OF FUNCTIONING:

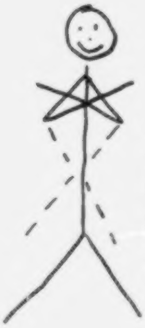
As written.

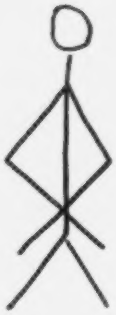
EMI LEVEL OF FUNCTIONING:

As written.

NOTES

1. "The bathing suit" - no one can touch the areas traditionally covered by a bathing suit.
2. "Celia's Apron" no one can touch the area covered by your arms. In front: cross your arms with your fingertips on your shoulders. Pull your arms down and away from your body. This area is private. In back: cross your arms behind you. Draw your arms down and away from your body. This area is private.





UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 1] - Dresses in a discreet/unprovocative manner.

MATERIALS:

Magazine pictures of appropriate and inappropriate "out in public" clothing - teacher collected.

STEPS:

Discussion group - sexes separate

ACTIVITY:

1. Meaning of PO 1. The discussion should include:
   A. wearing undergarments that are appropriately sized.
   B. not allowing under garments to show.
   C. outer clothing appropriately sized.
   D. clothing mended.
   E. clothing clean.
   F. Clothing that completely covers private parts.

2. Why this is a safe and correct way to dress:
   A. safety
   B. not thought of as acting in a sexually provocative manner.
   C. protecting self from unwanted attention or attention that the student cannot handle.

SMI LEVEL OF FUNCTIONING:

This discussion is probably on a 1:1 basis. If problem persists, parent consultation and conferences are strongly recommended.

TMI LEVEL OF FUNCTIONING:

Do activity as written but constant review may be needed.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 2] - Refrains from masturbating or exposing own genitals in public.

MATERIALS:

1. EASE Unit II, Lesson D-2 Guide pgs 25-26
2. Sexuality and the Mentally Retarded - Monat Chapter 9.

STEPS:

Discussion groups - separate sexes.

ACTIVITY:

1. Discussion is centered around:

   A. appropriate behavior in public

   B. where masturbation is appropriate - public/private issue

   C. why both behaviors are private
      1. upsets other people-not their business to witness private behavior
      2. is against the law in public

SMI LEVEL OF FUNCTIONING:

This would be a 1:1 training at this level. Parent conferences are strongly recommended.

TMI LEVEL OF FUNCTIONING:

Do activity as written

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 3] - Does not harm own genitalia.

MATERIALS:

1. EASE Unit II, Lesson D-1 Guide pg 24
2. Sexuality and the Mentally Retarded - Monat Chapter 9.

STEPS:

Discussion - sexes separate

ACTIVITY:

1. Discussion around issues:
    - a. harm and permanent damage
    - b. pain
    - c. reasons for inflecting pain to own body

SMI LEVEL OF FUNCTIONING:

This is a 1:1 conference. A parent conference is strongly recommended in order to facilitate consistent observation and behavior modification.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 4] - Refrains from looking at sexually explicit pictures in public.

MATERIALS:

1. Sara and Allen: The Right to Choose ("Being Me")

STEPS:

Discussion groups - same sex.

ACTIVITY:

1. The discussion will cover appropriate behavior in public.
2. Why these pictures should be part of "private" behavior.
   A. Are considered blatantly sexual in nature. Consequently should be viewed in private.
   B. Can be considered offensive by some people.

SMI LEVEL OF FUNCTIONING:

1:1 only.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 5] - Refrains from using obscene/sexual language in public.

MATERIALS:

None

STEPS:

Discussion group - both sexes.

ACTIVITY:

1. Discussion would be centered around:

   A. Behaving appropriately.

      1) What is appropriate.
      2) Why obscene/sexual language can't be used.
         a. social stigma
         b. inappropriate for everyone in public
         c. reinforces belief that handicapped cannot be integrated

SMI LEVEL OF FUNCTIONING:

This would be 1:1 training at this level. If the problem were severe, possibly some behavior intervention as you would any other maladaptive behavior. Parent conferences are strongly recommended so that the training is consistent in both home and school.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 6] - Describes appropriate/inappropriate touching []cuddling, []fondling, []"good buddy" touch, []sexual touch (foreplay)

MATERIALS:

1. "Being Me" portfolio/presentation cards
2. Circles - Stanfield

STEPS:

Discussion groups and role play - both sexes present

ACTIVITY:

1. Why do people touch each other? A. feels good; B. show affection; C. comforts when unhappy or sad
2. What is cuddling? Two bodies close together, holding one another.
3. Where is this behavior appropriate?
4. What is fondling? Touching body parts that are regarded as sexual.
5. Where is this behavior appropriate and by whom?
6. What should you do if some one attempts to fondle you and you don't want that person to do that? (role play)
7. Whom should you tell if someone attempts to fondle you or did fondle you and you didn't want them to do that? (Role play may explain this more concretely.)
8. What is a "good buddy" touch? A touch that is shared by friends - slap on the shoulder or arm or a hug around the shoulders.
9. Where is this behavior appropriate?
10. What is a sexual touch? Any touch that is meant to excite sexual feelings in another person.
11. When is this touch appropriate?
12. Repeat question #6.
13. Repeat question #7.

SMI LEVEL OF FUNCTIONING:

Not appropriate except when discussion is part of acceptable community behavior training. Extreme problems would be handled on a 1:1 basis using behavior modification techniques as you would for any extremely inappropriate behavior.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 7] - States importance of behaving in a sexually responsible manner. (see PO-1 through PO-6)

MATERIALS:

None

STEPS:

Discussion group with both sexes present.

ACTIVITY:

1. Meaning of phrase:
   - A. wearing under garments that are appropriately sized;
   - B. not allowing under garments to show;
   - C. outer clothing appropriately sized (not too tight);
   - D. clothing clean;
   - E. clothing mended;
   - F. clothing that completely covers private parts;
   - G. not showing affectionate behavior in public, brief hug and/or kiss, hand holding only are allowed;
   - H. not touching private parts in public;
   - I. touching others only in socially acceptable ways (1) brief hug or kiss, (2) hand holding, (3) shaking hands, (4) touching hand or arm to direct attention.

2. Why must behave in this manner:
   - A. more accepted by neighbors, family, peers, etc.;
   - B. "grown up" behavior;
   - C. want people to be comfortable around you;
   - D. some items are against the law.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 8] - States importance of treating other people with respect in regards to sexual issues.

MATERIALS:

1. Stanfield slides 4-21, 4-22 and guide pg 22.
2. Circles - Sec.5 - Violations of Personal Space, pgs. 59-63.

STEPS:

Discussion groups - both sexes.

ACTIVITY:

Discussion should center around:

1. mutual decision making
2. what "forced into" means
3. ramifications of doing things to other people that they don't want done to them (loss of that person's friendship, legal consequences, physical hurt)

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 9] - States difference between romantic and nonromantic ("friendly") relationships.

MATERIALS:

magazine pictures of both sexes in a variety of situations: kissing, hugging, athletic activity, shopping, riding in a car, wedding, party, sitting, classroom, etc. (teacher gathered)

STEPS:

Discussion both sexes

ACTIVITY:

Discussion should include:

1. What are friends?
2. Why do people have friends?
3. What do friends do together?
4. Difference between friends and other people (clerks, teachers, doctor, person on bus, etc.) Others A. share no secrets, B. talk only about specific subjects, C. address by name not endearment or nick name.
5. Difference between friend and girl (boy) friend, "steady". Romantic A. feel really special towards, B. have feelings within body not felt with other people, C. want to share secrets, special times and confidences. Friend A. comfortable with, B. accepts you and you accept them, C. call by first name or nick name, D. share with, E. helps you when needed, F. you want to help them when needed.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 10] - States difference between various kinds of sexual relationships []heterosexual []homosexual []celibacy

MATERIALS:

1. Stanfield slides 4-28 thru 4-33 & guide pgs 23-24.
2. EASE Curriculum Unit II, Lesson A-4, guide pgs 14-15

STEPS:

ACTIVITY:

1. Audiovisual presentation with discussion of heterosexual and homosexual contacts with members of the same sex.

2. Discussion of the definition of, and common misconceptions about, homosexuality. For example: A. not all men (or women) who live together are homosexuals; B. not all sensitive/effeminate men are homosexuals; C. having a close friend of the same sex does not mean a person is a homosexual; D. not all women who wear men's clothing and have short hair cuts are lesbians; E. AIDS disease is not exclusively homosexual; F. love is not exclusively heterosexual.

3. Discussion of celibacy.
   A. Definition: not engaging in sexual intercourse by deliberate decision.
   B. Why people choose this.
      1) religion
      2) personal preference
      3) respect for deceased spouse
      4) uncomfortable with sexual issues
   C. Debunking superstitions.
      1) no health risk
      2) sex is not necessary to life
      3) young and old make this decision

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 11] - Separates facts from myth about homosexuals

MATERIALS:

1. Stanfield slides 4-28 thru 4-33, guide pgs 23-24.
2. EASE Curriculum Unit II, Lesson A-4, guide pgs 14-15

STEPS:

Discussion group.

ACTIVITY:

The discussion should include:

1. The 6 facts listed in the goals and anything else that separates facts from superstition. Asking the students for definitions and opinions may help to get a discussion started.

2. Behaviors that do not indicate homosexuality.
    a. not interested in opposite sex in early teen years
    b. masturbation
    c. a one time experimentation
    d. interest in traditional opposite sex clothes

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 12] - Lists appropriate places to engage in sexual behavior/activities. []undressing []masturbating []holding hands []fondling/stroking []discussing sexual matters []intercourse []looking at pornographic pictures

MATERIALS:

1. EASE Unit II, Lesson D-2, guide pgs 25-26.
2. Sexuality and the Mentally Retarded - Monat, Chapter 9.
3. "Being Me", Assessment guide - use pictures in the examples.

STEPS:

Discussion groups - separate sexes.

ACTIVITY:

1. Discussion regarding definitions of public and private places.
2. Discussion regarding where in public and private these activities can be done.

SMI LEVEL OF FUNCTIONING:

Probably only done in a 1:1 activity. Parent conferences on the issue is strongly recommended to insure consistent community training.

TMI LEVEL OF FUNCTIONING:

Do activity as listed.

EMI LEVEL OF FUNCTIONING:

Do activity as listed

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 13] - Describes possible emotional and physical consequences of intercourse

MATERIALS:

1. EASE Unit II Lesson A-3, guide pgs 13-14 include teaching pictures 10 & 11.
2. Stanfield slides, slides 5-13 - 5-15, guide pg 28.

STEPS:

Discussion group - separate sexes.

ACTIVITY:

The discussion should involve:

1. definition of intercourse

2. emotional consequences, for example:
   a. sexual satisfaction
   b. "in love"
   c. guilt
      1) inappropriate person
      2) wrong place and time
      3) contraceptives not used
   d. sadness

3. physical consequences, for example:
   a. pregnancy
   b. soreness, sensitivity
   c. sexually transmitted diseases

SMI LEVEL OF FUNCTIONING:

This would only occur on a 1:1 basis with a very sophisticated student if at all. If it was found necessary to do training at this level, the school nurse and parent should definitely be involved.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 14] - States definition of birth control and lists 2 reasons for using a birth control method

MATERIALS:

1. Birth Control Methods-A Simplified Presentation, Planned Parenthood of Northern New York, Inc.
2. EASE Kit, Unit II, Lesson 8-2.
3. Stanfield slides, Part 6.
4. Department of Public Health speaker.

STEPS:

ACTIVITY:

1. A. Show slides 6-31 through 6-38 (condoms) discussing each slide individually: AVOID excessive detail, using slide narratives for information as necessary.
   B. Use slide narrative information from slide 6-44 to briefly discuss "vasectomy".

2. A. Discuss some signs/symptoms of pregnancy: frequent urination, absence of menstrual period, tenderness & enlarged breasts, nausea, tiredness.
   B. What do you do if you have these symptoms?

3. A. Use Slide 6-1, Part VI, Birth Control. Ask students who/where they could get birth control. (Doctor -- why? Stress safety of finding out about and getting birth control from a doctor)

4. A. Use slides 6-5, Part VI, Birth Control. Discuss slides using slide narrative as needed.

5. A. Show Slides: 6-15 - The Pill, 6-19 - I.U.D., 6-23 - Diaphragm, 6-29 - Foam/Jelly, discussing each slide/method individually -- one or two at each session to help student understand/retain what each is; review previous before discussing detailed, give basic information only. Use slide narratives for detail as appropriate and necessary. Use slide narrative information from slides 6-43 to briefly discuss "tubal ligation".
   B. Have a doctor come and discuss the above 5 birth control methods; caution him not to give too much detail, keep information brief/factual.

6. A. Read/discuss information in paragraphs 1 & 4 of Introduction: Part VI, Birth Control.
   B. Discuss - Parents and/or family doctor are good sources of birth control information.
   C. Reinforce concept of "privacy" in discussing birth control.

7. A. Read/discuss information & reasons in paragraphs 1 & 3 of Introduction: Part VI, Birth Control (Stanfield slides).
   B. Ask students to tell other reasons for not having babies; do they know anyone who is married and is not having children? This can be done in conjunction with Parenting Unit.
   C. Stress importance of not having to have children, i.e. advantages to do what you want when you want, more money, etc.
   D. Discuss with students the fact that they have a choice if they decide to be sexually active but do not want children for all of the above reasons. If they do not want to risk pregnancy, and the person they are having intercourse with cares for them, then their wishes should be respected.

NOTE: Vocabulary should include: condom, vasectomy, contraception, sterilization, nausea, tiredness, urination, Doctor, nurse, Planned Parenthood Clinic, Family Planning Clinic, pelvic, internal examination, patient speculum, vagina, Pap smear, Pill, I.U.D., Diaphragm, tubal ligation, foam/jelly, birth control, contraceptives

SMI LEVEL OF FUNCTIONING:

Not applicable as a group but may be a 1:1 discussion. It is strongly recommended that this only be done with parents and/or RN in attendance.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 14] - States definition of birth control and lists 2 reasons for using a birth control method

MATERIALS:

1. EASE Unit II, Lesson B-1, pgs 15-16.
2. Taught Not Caught lessons 74-82 pgs 150-158.

STEPS:

Discussion groups

ACTIVITY:

Use the Taught Not Caught lesson plans

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

Try the Taught Not Caught lesson. If it is too difficult then a discussion of birth control methods and some examples of various methods.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 15] - Lists at least 2 reasons why people may choose not to have a baby (e.g. not emotionally ready for marriage or parenthood; not financially ready; physically or mentally unable to care for a baby).

MATERIALS:

1. Being Me - Ednick p. 185
2. Taught Not Caught p. 105

STEPS:

Discussion group with both sexes.

ACTIVITY:

Ask group for reasons for not having a baby. Make sure the objective's reasons are included. Include in discussion (1) why not ready for marriage or parenthood (don't want to, don't like children, temper, not enough money, no one to help with care, don't know what to do with babies). Try to have these discussions really extensive and personal. Constantly have the students explain the reasons with example.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 16] - Lists at least 2 birth control methods for women and describes use.

MATERIALS:

1. EASE Unit II, Lesson B-2, guide pgs 16-18.
2. Stanfield, slides 6-1 thru 6-29 and 6-43, pgs 33-42.
3. Taught Not Caught lessons 74-82 pgs 150-158.
4. Examples of various kinds of birth control methods, if possible. Department of Public Health can provide family planning speakers and birth control examples.

STEPS:

Discussion groups - separate sexes.

ACTIVITY:

1. Discussion regarding types of devices, ways to obtain, and effectiveness. Taught Not Caught has an excellent lesson plan.

2. Role play ways to obtain devices.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

A very simple discussion of the various types of birth control and concrete examples may be more than adequate.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 16] - Lists at least 2 birth control methods for women and describes use.

MATERIALS:

1. Department of Health's most current brochures on each form of birth control with examples.
2. EASE curriculum guide, Unit II, Lesson B-2 and B-3.
3. Jackson models of reproductive organs of male and female.

STEPS:

Small group discussion, sexes separate.

ACTIVITY:

1. Invite a speaker from the Department of Health or Planned Parenthood to explain each method of birth control.

2. Discuss each method separately. For each method: A. Who uses it (male or female)?; B. Where applied on body; C. Why using a birth control device; D. Where the device is purchased; E. Medical decisions needed for each; F. Who should make the decision about obtaining and using a device.

3. Have the students describe the method of using each device. Help them be as graphic as possible to insure they understand the difference. If the reproductive models and devices are available, have them use the devices on the models.

SMI LEVEL OF FUNCTIONING:

If this is an issue, a parent conference is strongly recommended.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 17] - Lists at least 2 birth control methods for men and describes use.

MATERIALS:

1. EASE Unit II, Lesson B-2, guide pgs 16-18.
2. Stanfield, slides 6-30 thru 6-38 and 6-44, pgs 33-42.
3. Taught Not Caught lessons 74-82 pgs 150-158.
4. Examples of various kinds of birth control devices and medications - Michigan Department of Health.

STEPS:

Discussion groups - separate sexes.

ACTIVITY:

1. Discussion regarding types of devices, ways to obtain, and effectiveness. Taught Not Caught has an excellent lesson plan.

2. Role play ways to obtain devices.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

A very simple discussion of the various types of birth control and concrete examples may be more than adequate.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 18] - Names places where a person can get birth control devices

MATERIALS:

1. EASE Unit II, Lesson B-2, guide pgs 16-18.
2. Stanfield, slides 6-16, 6-17, 6-28, 6-37, 6-38, pgs 33-42.
3. Taught Not Caught lessons 74-82 pgs 150-158.
4. Examples of various kinds of birth control devices and medications - Michigan Department of Health.

STEPS:

Discussion groups - separate sexes.

ACTIVITY:

1. Discussion regarding types of devices, ways to obtain, and effectiveness. Taught Not Caught has an excellent lesson plan.

2. Role play ways to obtain devices.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

A very simple discussion of the various types of birth control and concrete examples may be more than adequate. For the young men, a trip to the drug store to further explain purchasing condoms may be necessary.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior.

LESSON/ACTIVITY: [PO 19] - Lists procedures involved in obtaining a birth control method from a doctor.

MATERIALS:

1. EASE Unit II, Lesson B-2, guide pgs 16-18.
2. Stanfield, slides 6-1 - 6-17, pgs 35-36.

STEPS:

Discussion groups - separate sexes.

ACTIVITY:

1. Discussion regarding types of devices, ways to obtain, and effectiveness. The discussion in Stanfield guide pgs 35-36 is fairly complete. It is a good framework for group discussion.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 20] - States the danger associated with taking someone else's birth control pills.

MATERIALS:

None

STEPS:

See substance use & abuses - objectives #PO-4, PO-3, PO-8.

ACTIVITY:

Discussion with both sexes.

1. Establish that birth control pills are a medication.
2. Medications can only be taken by the person for whom prescribed.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 21] - Explains when and where complete undressing is appropriate: []bathroom, []bedroom, []doctor's office, []locker room

MATERIALS:

None

STEPS:

Discussion group - sexes separate

ACTIVITY:

1. Why might you have to undress completely in each of these instances? bath or shower, get ready for bed, change clothes, examination, swimming or shower.
2. Who can't be in the same room? (opposite sex)
3. Why? (not appropriate to remove clothing in front of opposite sex)
4. Appropriate behavior while undressing and dressing. (do it quickly, fold and hang clothing, don't leave area until you have clothing on)
5. Who can be in same area? (same sex parent, doctor, relative)

SMI LEVEL OF FUNCTIONING:

Explain the circumstances and reasons, but due to the cognitive functioning, it is strongly recommended that these students always be supervised when in these situations.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO E] - Learns Rights/Responsibilities Associated with Sexual Behavior

LESSON/ACTIVITY: [PO 22] - Explains when and where partial undressing is appropriate: []locker room, []clothing store fitting room, []bathroom, []doctor's office

MATERIALS:

STEPS:

Discussion group - sexes separate

ACTIVITY:

1. What is partial undressing? (down to under clothing)
2. Why do you have to do it? (put on other clothing, toileting, showering, doctor's examination)
3. Who can't be in the same room? (opposite sex)
4. Why? (not appropriate to remove clothing in front of opposite sex)
5. Appropriate behavior while dressing and undressing (don't stare at others, complete the change of clothing before leaving area).
6. Who can be in the same area? (same sex peers, same sex parent or same sex teacher, same sex doctor and/or nurse)

SMI LEVEL OF FUNCTIONING:

This would be a 1:1 discussion. Although because of the functioning level of these students, it is strongly recommended that parents or staff always accompany a student.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 1] - Describes reasons for different kinds of relationships: []friendship, []dating, []marriage.

MATERIALS:

1. Magazine pictures - teacher collected.
2. Stanfield slides: 4-7, 4-8 and 4-15

STEPS:

View pictures and slides and discussion

ACTIVITY:

1. Look at pictures of different people holding hands. Have the students make up scenarios about why they are holding hands.
2. Discuss social events that occur in the school and discuss proper way to act. Role play situations that friends would share.
3. Set up opportunities for social interaction, i.e. lunches, dances, birthday parties, etc. Role play the dating sequence - liking someone, asking for date, getting ready for a date, going on a date.
4. View slides 4-7, 4-8 and 4-15 and discuss the slides.
5. Discuss reasons for marriage.
   A. in love
   B. want a companion, someone to be with
   C. sex on a regular basis
   D. children
   E. don't want to be alone

SMI LEVEL OF FUNCTIONING: Do activity as written.

TMI LEVEL OF FUNCTIONING: Do activity as written.

EMI LEVEL OF FUNCTIONING: Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 1] - Describes reasons for different kinds of relationships: []friendship, []dating, []marriage.

MATERIALS:

1. EASE pgs 34-39 and worksheet #6 p 59.

STEPS:

Discussion groups

ACTIVITY:

Discussion should include:

1. differences in the three relationships
2. emotions that identify the three kinds of relationships
3. responsibilities in the three kinds of relationships

The EASE activities listed under materials are excellent.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 2] - Names appropriate places to meet new people.

MATERIALS:

EASE p. 58.

STEPS:

Discussion group - both sexes

ACTIVITY:

Lead group discussion on selecting/where and when friends get together. With the group, develop a list of places for your specific geographic area. A chart like the following may be helpful.

TIME	ACTIVITY	LOCATION
Example: (Friday evening)	Roller Skating	(Downtown Rink)
1. Saturday afternoon		
2. ______	Watching T.V.	______
3. ______	Badger football game	______
4. ______		McDonald's Restaurant
5. Wednesday evening		
6. ______		YMCA
7. ______	Listening to records	______
8. ______		Bowling Alley

SMI LEVEL OF FUNCTIONING: As written.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 3] - Describes ways to ask for/refuse a date

MATERIALS:

EASE Sequential Curriculum Guide pg 35-36

STEPS:

Discussion groups

ACTIVITY:

1. Discuss the following:
   HOW DO YOU MAKE A DATE? Either a man or a woman can ask someone out and/or pay for the date.
   Contact the person for a date, A. by phone, B. in person;
   Make plans for the date, A. time, B. place, C. transportation, D. money, E. what to wear or bring.
   CLARIFICATIONS: (1) Dating involves making joint decision. (2) Dating steadily means you date only one person and date more often. (3) Some persons choose not to date -- that's o.k.
   RESPONSIBILITIES: (1) Set up time schedule - pick up date, go to activity, meet curfew. (2) Find out how much money you will need in advance. (3) Say "no" to a date if you do not agree with what they are doing or want to do. (4) Do not force your date to do anything against his/her will.
   COMMENTS: We are not in a position to impose our own prescription for "proper" dating behavior because acceptable behavior varies dramatically from situation for each individual. Questions such as: (1) How can you tell if someone loves you; (2) What do you do when someone rejects you (breaks date); (3) What can you do to make yourself more attractive to others; (4) What makes a person boring or a pain in the neck; are of critical interest to individuals who date. Lead a discussion to explore feelings and thoughts concerning these questions.

2. Role play the following situations:

   A. There is a cross-country ski party in town with people you work with. You can bring dates if you want. You have talked with Terry at work and want to ask her to this party but are afraid that she doesn't know how to ski. Should you ask her? How can you ask her? Where should you ask her?

   B. A man and woman live in different group homes but work at the same place. They cannot have boy/girl friends at their group homes but really like each other and want to see each other more. What can they do? Where could they go to be alone?

C. Bob is a guy who just got out of jail for robbing a grocery store. He wants Linda to loan him $15.00. If she does, he will pay her back plus be her boyfriend. What might Linda say?

D. Jim has called four times to ask you to a movie and you just do not want to date this guy. How can you refuse so he will quit calling?

E. Mary is a real cute girl who dates a lot of different guys. Mary is out on a first date with Bill and starts asking him if he has ever had sex before. She says she really likes him and suggest going to her friends apartment so they can be alone and talk. What might Bill's reaction be?

F. A man comes to the door selling encyclopedias. He is very friendly and fun to talk with. He shows you his encyclopedias and you start talking about your apartment. He wants you to show him the apartment. How might you react?

G. You are on a committee to draw up rules for Canteen behavior for breaks at your job. Should sexual-type behavior be okay in the Canteen - i.e. holding hands, sitting together, kissing, sitting on laps, etc? What can you say to people who break such rules?

H. You and your boyfriend have a fight and he walks out and slams the door. He is mad because you were talking to another friend on the phone and he is jealous. You think he is being unfair. How can you solve the problem.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 4] - Describes appropriate dress for different dating situations (e.g. casual, formal)

MATERIALS:

Teacher collected magazines

STEPS:

Discussion/work groups - both sexes

ACTIVITY:

1. Using the chart the group developed from PO #2, discuss appropriate dress for men and women at each place.

2. Have the group look through magazines, cutting out pictures of people in various outfits. From this, develop a chart listing various places for a date and then pasting magazine pictures illustrating appropriate clothing for both men and women.

SAMPLE

PLACE	PICTURES				
McDonald's	x	x		x	x
Show	x	x		x	x
Beach	x	x	x	x	x

SMI LEVEL OF FUNCTIONING: Not appropriate

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 5] - Describes appropriate behavior in various social settings (e.g. at a movie, in a mall)

MATERIALS:

1. "Being Me" Program, assessment scale & photo presentation cards.
2. Video Tape equipment.
3. Camera.
4. Film (slides).
5. Slide projector.
6. Magazine pictures, teacher collected.

STEPS:

ACTIVITY:

1. A. Discuss and define appropriate/inappropriate.

   B. Use the assessment pictures or magazine pictures illustrating appropriate vs. inappropriate behaviors in various community situations. Have students identify which behaviors are better and why.

   C. Role play various community situations, e.g. meeting a friend at the store (a kiss or a handshake?), going to a movie, talking to someone you really like, etc.

   D. Take trip to shopping center. Set up various situations which could occur to see student responses (take slides if possible).

   E. Show these slides and discuss appropriate behaviors.

2. A. Discuss and demonstrate each of the vocabulary words: appropriate, behavior, inappropriate, nice, pleasant, yell, loud, moderate, whisper, quiet, public, responsibility, duty, home, job (work), dependable, school, worker, self-control, reliable, community, friend, stranger, boy friend, family-relatives, girl friend, neighbors, co-worker, club, manners, love, authority, team, party, entertain, like, pets.

   B. Discuss places/situations where different tones would be appropriate and why e.g. "yell, talk loudly" at a baseball or football game but not in a movie or library, etc.; "whisper" in a library or movie; "talk in a moderate voice" in a grocery store, shopping center, etc.

   C. Use magazine pictures of sports events, library, hospital visits, restaurant, etc. and have students tell appropriate behavior (voice level) in these places.

3. Considerations: Self-control important component in the development of responsible behavior. The teacher may wish to cite examples of self-control in the classroom.

   A. Have students cut out magazine pictures of people performing responsible tasks.

   B. Discuss the concept of responsibility.

   C. List types of responsibilities such as responsibility to self, family, friends, etc.

   D. Have students list individual responsibilities they have at home and school.

   E. Discuss responsibilities of various roles such as parent, teacher, bus driver, etc.

   F. Assign responsibilities in the classroom.

   G. Role play situations depicting responsible and irresponsible behavior to show the differences and implications of each.

SMI LEVEL OF FUNCTIONING:

The recommendation is to take the students into the community and provide a variety of experiences. These students learn more quickly and efficiently if they do and are corrected in situ. Their cognition level makes this discussion work hardly valuable.

TMI LEVEL OF FUNCTIONING:

Discussions and community experiences.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V- - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 6] - Describes feelings associated with problems related to dating. (feeling hurt/rejected, feeling confused, feeling upset, feeling angry, feeling ugly and unloved and feeling frightened)

MATERIALS:

Michigan Model for Comprehensive School Health Education - Kindergarten - Phase I

STEPS:

ACTIVITY:

FEELINGS POSTERS

There are four feelings posters -- CALM, UPSET, HAPPY and SURPRISED. The posters show characteristic mouths and eyes for these four MAIN FEELINGS. Do not elaborate or change them. They should be readily accessible for word additions (see below) or for reference as feelings are discussed in other lessons or in classroom situations.

As the main feelings are discussed, words for secondary feelings are added to the posters as they are identified by students. Even when students' reading skills do not permit them to read the words, they benefit from references to the written feelings during the school day. Such references remind them to take feelings into account when solving interpersonal problems. In using examples of feeling words those with * may be most relevant for application to classroom problem solving at all levels:

When I feel CALM, my body might feel: *comfortable *warm cool cozy

When I feel CALM, I might also have these feelings: *quiet capable busy understanding *able interested neutral willing helpful

When I feel SURPRISED, my body might feel: *stopped

When I feel SURPRISED, I might also have these feelings: puzzled anxious proud *amazed confused excited worried

When I feel HAPPY, my body might feel: *comfortable *cool *restless *wide awake

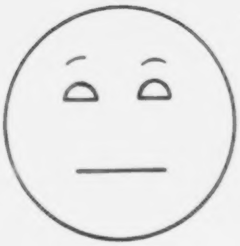
When I feel HAPPY, I might also have these feelings: *capable *friendly *likeable *lovable *helpful busy understanding generous glad proud smart interested interesting attractive willing wanted appreciated sharing excited joyous

When I feel UPSET, my body might feel: *restless *tired sleepy tense hungry thirsty hot cold

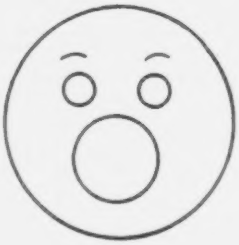
When I feel UPSET, I might also have these feelings: *sad *sorry *lonely *left out angry *scared *jealous *helpless *shy bored stuck *frustrated blocked *embarrassed anxious naughty ashamed clumsy lazy misunderstood grieving stupid foolish dumb proud

NOTE: With unpleasant emotions, it is most useful to highlight those which can be channeled into positive problem solving. For example, "frustrated" or "stuck" are more useful labels than "angry". Once the concept of emotions and labeling those emotions is established, then bring the discussion directly to the point of the objective.

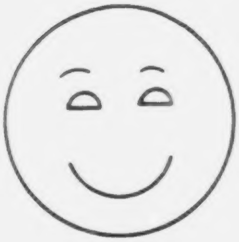
FEELING FACES



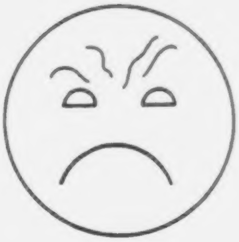
CALM



SURPRISED



HAPPY



UPSET

MAKING MASKS

- Draw faces on masks
- Print emotion on back of each
- Attach handles to back side

(Some students may need some help in making their masks)

(Do not elaborate on lines and curves suggested. Simple cues are best suited for this lesson)

SMI LEVEL OF FUNCTIONING: Not applicable.

TMI LEVEL OF FUNCTIONING: Use activity as written.

EMI LEVEL OF FUNCTIONING: Use activity as written.

UNIT: [AG V- - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 6] - Describe feelings associated with problems related to dating. (hurt, rejected, upset, confused, angry, ugly, unloved frightened)

MATERIALS:

1. Understanding Your Feelings (filmstrips and teacher guide).
2. Film - Board 'n' Care.
3. Magazines - collected by teacher.
4. It Takes Two - part 3.

STEPS:

Vocabulary: happy, sad, angry, tired, scared, hurt, proud, excited, surprised, silly, love, like, kindness, beauty, confused, frightened.

ACTIVITY:

1. Make bulletin boards, collages, or scrapbooks with pictures of people expressing a wide range of emotions in "couple" situations.
2. Discuss various "feeling" words and their meanings. Stress relating these words to being with the opposite sex and dating.
3. Use the film "Board 'n' Care" as a springboard for discussing negative feelings that can develop from relationships.
4. Discuss with students how their feelings and behaviors change during relationships. Discuss quarrels, good times, teasing, etc.
5. Discuss methods of handling various feelings with another person.
6. Ask students to tell or act out how they know another person's feelings. What would they do if someone were angry, sad, etc.? (Use the negative emotion list.) Role play.
7. Ask students to tell or act out how they recognize their own feelings.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

The role play and use of concrete magazine pictures are especially valuable. Definitely try the discussion activities.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 7] - Identifies feelings associated with friendship versus a romantic relationship.

MATERIALS:

Magazine pictures - teacher collected.

STEPS:

Vocabulary and Concepts: opposite sex, steady, affection, modesty, companion, attraction, flirting, manners, date, feelings, respect

ACTIVITY:

1. Show pictures of people and talk about the possible relationship they could have.
2. Have students discuss their friends and why they are friends.
3. Organize a team and play team games. Discuss roles and characteristics of this relationship.
4. Discuss the various relationships involved in the work world.
5. Discuss people the students know and differentiate them from strangers.
6. Role play appropriate behavior and inappropriate behavior involved with relationships. Videotape. Evaluate.
7. Discuss appropriate and inappropriate gestures of affection.
8. Discuss why people date.
9. Discuss and role play selection of companions.
10. Discuss the fact that not everyone you meet is a potential intimate friend.
11. Discuss feelings one may have towards their friends.
12. Discuss how to arrange for a date (costs, transportation, plans).
13. Discuss feelings for the opposite sex, flirting, arousal, and how a students' actions can arouse the opposite sex.

14. Have students define what a friend is.

    A. Discuss the characteristics of a friend and ask individual students to tell about one of their friends.

    B. Discuss why it is desirable to have friends one's own age rather than younger or older.

    C. Discuss the needs for friendships and intimacy with peers. Mention the fact that close relationships can include feelings of love, anger and jealousy.

    D. Discuss the needs for friendships and intimacy with peers. Mention the fact that close relationships can include feelings of love, anger and jealousy.

    E. Discuss some attitudes and behaviors which help to make and keep friends, such as being friendly, honest, dependable. Also, discuss some attitudes and behaviors which hinder making and keeping friends. Practice some of these.

    F. Have a special friend day. Have students invite a friend to sit with them at lunch or participate in some other activity.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F- - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 8] - Identifies own feelings in relationship

MATERIALS:

1. Understanding Your Feelings (filmstrips and teacher guide).
2. Film - Board 'n' Care.
3. Magazines - teacher collected.

STEPS:

Discussion groups - both sexes.

ACTIVITY:

1. Discuss the fact that it is not necessary to have a relationship with a member of the opposite sex in order to have a good time. Many people find enjoyment with their families, friends, etc.

2. Have students cut out pictures of people having fun together.

3. Have students cut out pictures and make a collage of various boy-girl relationships. Use this to lead into a discussion of various boy-girl relationships and feelings.

4. Discuss why people date. Discussion topics may include the following: A. Enjoyment of spending time with the opposite sex. B. Physical attraction. C. Security. D. Social approval. E. Belonging. F. Self-Esteem. G. Affection and acceptance. H. Independence.

SMI LEVEL OF FUNCTIONING:

Only on a 1:1 basis. Parent conferences around this issue are strongly recommended.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 9] - Describes/role plays appropriate ways of interacting/expressing feelings (e.g. holding hands, refusing an expression of affection, such as a kiss)

MATERIALS:

1. "Being Me" Assessment Portfolio photographs.
2. Aware.

STEPS:

Discussion groups - both sexes.

ACTIVITY:

1. Discuss feelings for the opposite sex, flirting, arousal and how a student's actions can arouse the opposite sex.

2. Emphasize that a girl should not allow a boy to do what he wants to her physically in order to have dates. Boys need to understand that they do not have to prove themselves by being aggressive and that is a girl does not wish to become involved physically he should not pursue the matter.

3. Have a group discussion about sexuality and dating. Some students may not be able to control their sexual impulses as well as others and may not be able to make judgments as to where to stop sex play. Some possible topics for discussion are: A. Can we kiss? B. What happens if one of us wants to kiss and the other doesn't? C. What is petting? D. How far should we go sexually?

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 10] - Describes/roleplays appropriate ways to end a relationship.

MATERIALS:

Aware, Activities for Social Development.

STEPS:

Discussion groups - both sexes.

ACTIVITY:

1. Discuss termination of relationships for various reasons including moving, changing interests, new "love" interest, boredom, disliking person, parents dislike person.
2. Discuss rejection and the feelings: sadness, worthlessness, anger.
3. Role play ending relationships. Include various breaking up scenarios: angry verbal fighting, one telling the other they have found someone else.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage.

LESSON/ACTIVITY: [PO 11] - Lists reasons why people marry.

MATERIALS:

1. Stanfield slides, part 8.
2. EASE pgs 38-39.
3. Will You Marry Me? - Marriage What Is It All About?
4. It Takes Two.
5. Marriage.

STEPS:

Considerations: It should be pointed out that life can be very happy without marriage. In considering marriage, the possibility of children must be discussed.

Vocabulary and Concepts: single, engagement, marriage, divorce, husband, wife, relationship, family, home, budget, children, respect, love, companion, compromise, upbringing.

Discussion groups - both sexes present.

ACTIVITY:

1. Define marriage.
2. Have students explain what they understand marriage to involve.
3. Have students list or make a collage of pictures depicting responsibilities involved with caring for a home and family.
4. Have students make a pictorial scrapbook depicting duties and responsibilities of marriage, i.e. family snapshots, magazine pictures, drawings.
5. Discuss reasons why people do and do not get married.
6. List the prerequisites of marriage, i.e. maturity, skills, finances.
7. Have the students set up and discuss a realistic budget.
8. Have the students assess their own potential for successful marriage.

For additional suggestions see PO 15.

SMI LEVEL OF FUNCTIONING: Not applicable.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 12] - Lists at least 3 factors to consider when deciding whether or not to become engaged (e.g. future plans/roles, age, finances, education, religious/ethnic background, parental approval, physical/mental limitations.)

MATERIALS:

1. Stanfield slides, part 8.
2. EASE pgs 38-39.
3. It Takes Two.
4. Will You Marry Me? - Marriage What Is It All About?
5. Marriage.

STEPS:

Group discussion - both sexes present.

ACTIVITY:

As the factors are elicited from the group, make sure everyone knows what the phrase means. Then discuss why it should be something to be considered. Why is money important for instance. Why do people have to have money? What happens when you need money but don't have any, etc.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

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UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO -13] - Lists at least 2 advantages of knowing a person a long time before getting married, of not marrying "too young', and of being independent before considering marriage.

MATERIALS:

1. Sara and Allen, Ch 9. ("Being Me")
2. EASE, pgs 38-39.
3. Will You Marry Me?
4. It Takes Two, part 1.

STEPS:

Discussion group - both sexes present.

ACTIVITY:

1. Discuss to what extent people have to give up personal freedom and independence once they are married.
2. Discuss the importance of give and take in a relationship and the importance of understanding personality and personal needs.
3. Have the class set up and discuss a realistic budget.
4. Discuss what needs are met through marriage.
5. Discuss divorce, what it is, the emotional impact of it, and the alternatives to it.
6. Discuss apartment living and its responsibilities.
7. Invite persons who live in the above situations to discuss their living situations.
8. Ask students for suggestions on how to spend leisure time. Discuss with them all of the possible ways people spend their leisure time.
9. Discuss proper ways to budget money and how to save money.
10. List or picture those skills needed to live in the above situations. Discuss what skills they possess and how they could learn new ones.

SMI LEVEL OF FUNCTIONING: Not appropriate.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 14] - Lists state requirements for marriage (including age, blood tests, license, and the legal or religious ceremony).

MATERIALS:

1. Marriage License Bureau in your city.
2. Stanfield slides, Part VIII - Marriage.

STEPS:

ACTIVITY:

1. Group Discussion: both sexes can be present. This can also be discussed in a 1:1 counseling session.

    A. List all of the requirements:
    (1) Age (18 without consent, younger with consent).
    (2) Blood tests, how it is done and why.
    (3) License.
    (4) Civil or legal ceremony.
    (5) religious ceremony.

    B. List and discuss other considerations:
    (1) Parental consent.
    (2) Reason for marriage as opposed to dating and going steady.
    (3) Financial considerations and reality.
    (4) Decision making considerations.

2. Role Play: One student plays the judge, two others are the couple who want to marry. Scenario: judge asks couple for each of the legal requirements. Couple in turn explains to judge the reasons for having each.

SMI LEVEL OF FUNCTIONING:

Not applicable.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 15] - Lists 2 positive aspects of marriage (e.g. companionship, financial resources).

MATERIALS:

1. Stanfield slides #8-4, 8-6 & script 8-7.
2. EASE, pgs 38-39.
3. It Takes Two.
4. Will You Marry Me? - Marriage: What Is It All About?
5. Marriage.

STEPS:

Discussion group with both sexes present

ACTIVITY:

1. Group leader asks why do people marry? Why would you want to marry? List reasons as articulated, adding any of the following if they are not listed.

    A. Companionship.
    B. Financial benefits.
    C. Sex.
    D. Intimate relationship with one other person.
    E. Sharing life with someone who loves you and whom you love in return.
    F. Acquiring a "family" - relatives.

    Frequently ask group what do they mean by that and why can't that be present in dating. The goal is to have the students understand the realities of this commitment.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 16] - Lists at least 3 responsibilities associated with marriage (e.g. sharing chores/work, raising children, paying bills.)

MATERIALS:

1. EASE, pgs 38-39.
2. Sara and Allen, Ch. 9 ("Being Me").
3. Stanfield slides, Part 8.
4. It Takes Two.
5. Magazine pictures - teacher collected.

STEPS:

Discussion group - both sexes present.

ACTIVITY:

1. Have students list or make a collage of pictures of responsibilities of caring for a home and family.

2. Discuss the responsibilities which accompany the raising of children, including financial, emotional and social.

3. Discuss budgets:

   A. How to keep a budget.
   B. Consequences of not keeping a budget.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 17] - Lists 3 subjects that husbands and wives frequently argue about (e.g. money, sex, children, chores).

MATERIALS:

1. Marriage.
2. It Takes Two, parts 1-4.

STEPS:

Group Discussion with both sexes present. This objective will only be chosen for those students who have indicated they are ready for marriage or want to marry. It is strongly recommended that the school contract with an agency that has experience in marriage counseling to assist school staff in these discussions. One of the goals of the dating/marriage unit is to help the students separate the realities of their lives from the pressure of TV, the dating/marriage sequence of relatives and nonimpaired friends etc and then with guidance from people who care for them, make a decision that will be best.

ACTIVITY:

1. Lead a discussion of why people disagree anywhere (home and work). Ask students to give you examples of disagreements they have witnessed and disagreements they have had with other people.

2. Carry the discussion to how they felt and what they did to solve the problem.

3. THEN ask for reasons that a husband and wife would disagree over: A. money; B. sex; C. having children; D. children's behavior; E. household chores.

4. How would they solve the disagreement? (Talking to each other, counselor's help, parents or friend's help)

5. What would they do if they couldn't solve the problem? (Counselor's help, parents or friend's help)

6. How solving disagreements impacts a marriage decision. (Should you marry if you can't solve problems? Why? Why not?

SMI LEVEL OF FUNCTIONING: Not appropriate.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 18] - Names at least 2 people/agencies to consult if help is needed to solve problems related to marriage and/or divorce.

MATERIALS:

1. Resource person from Clinic for Reproductive Health of the Association for Retarded Citizens (social worker, family counselor).
2. Marriage.
3. It Takes Two, Part 3.

STEPS:

ACTIVITY:

Invite a marriage counselor with experience with the developmentally disabled population to discuss:

A. Typical problems husbands and wives have together.
B. Problem solving.

SMI LEVEL OF FUNCTIONING:

Not appropriate.

TMI LEVEL OF FUNCTIONING:

As written.

EMI LEVEL OF FUNCTIONING:

As written.

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UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 19] - Assesses own potential for successful marriage.

MATERIALS:

1. Stanfield slides Part 8 and Chapter 8 script.
2. EASE pgs 38-39.
3. Marriage.
4. It Takes Two, part 1 and 2.

STEPS:

Vocabulary: Marriage, husband, wife, wedding, emotions, expenses, cleaning, housework, money/bills, food, work-job

ACTIVITY:

1) Review feelings of like and love, the differences and similarities.

2) List people who are/are not married.

3) Discuss the fact that adults don't have to get married.

4) Role play.

5) Show slides.

6) Discussion:

   a. Can you afford to get married?
   b. What do you need money for?
   c. Are you able to make enough money to support yourself/mate?
   d. Do you know how to care for yourself?
   e. Cooking well-balanced, nutritional meals.
   f. Can you keep your home clean?
   g. Can you take care of personal needs, e.g. bathing, hair, laundry, health problems, shopping for food, dressing appropriately?
   h. Can you manage money effectively?
   i. Can you tell time?
   j. Can you live with someone else?
   k. Can you get along with family members?

7. Discuss group homes as an alternative to marriage.

SMI LEVEL OF FUNCTIONING: Not appropriate.

TMI LEVEL OF FUNCTIONING: As written.

EMI LEVEL OF FUNCTIONING: As written.

UNIT: [AG V] - LEARNS ABOUT FAMILY HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 20] - States that married couples do not have to have children.

MATERIALS:

Various types of household pets.

STEPS:

Make arrangements to have a pet in the classroom (i.e. caged bird, turtle, hamster, etc.) and discussion groups.

ACTIVITY:

1. have a pet in the classroom and assign students the responsibilities of the care of the animal. For instance, one student can feed the animal another one can clean the animal's cage, etc.

2. As instances come up where the students do not want to take care of the animal, talk about the reasons why and how the students feel. Relate this to taking care of a child.

NOTE: If this activity is not feasible in your classroom, talk to parents about having a household pet at home and have discussions at school.

SMI LEVEL OF FUNCTIONING:

Use this activity with SMI students and have discussions on their level of understanding.

TMI LEVEL OF FUNCTIONING:

Use this activity with TMI students and have discussions on their level of understanding.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

UNIT: [AG V] - LEARNS ABOUT FAMILY AND HEALTH

CONTENT: [IO F] - Learns About Dating and Marriage

LESSON/ACTIVITY: [PO 20] - States that married couples do not have to have children.

MATERIALS:

1. Stanfield slides 9-29, 9-36, 9-13, 9-10, 9-27, 9-23, 9-35, 9-37.
2. Film - "Prisoners of Chance".

STEPS:

View audiovisual materials and have discussion groups and small group activities.

ACTIVITY:

1. In a structured situation with small children, observe the student helping children and direct the student in specific ways to help the child.

2. Give the student opportunities to relate to small children and guide him individually toward appropriate leadership roles.

3. Discuss: What should someone do if they don't want to be parents.

4. Discuss:

   A. Do you know anyone who is married but does not have children?

   B. Why would someone choose not to be a parent?
      (1) Expense;
      (2) Time needed to care for a child;
      (3) Responsibility;
      (4) They like babies, but not older children;
      (5) Don't want to be tied down;
      (6) Too handicapped to care for a child.

5. Invite a mother with young children to come to class and discuss her day. After viewing slides, each student makes a picture collage of magazine clippings about 5 things parents must do.

   A. Film and discussion;
   B. Videotape and discussion;
   C. Transparencies and discussion.

6. Discuss: What should a parent do when:

   A. Baby is hungry and mom is sleepy.
   B. Child is sick and parents want to go to a movie.
   C. Daughter needs new clothes and dad needs new shoes.

7. Practice holding a life-size baby doll. Practice holding a real baby.

8. As students view Stanfield slides and pictures of parents reading to children, helping with homework, discuss what they feel they are able to do.

9. Film "Prisoners of Chance" and discussion.

10. Discuss:

    A. Ability to plan for the future realistically.
    B. Sound judgement and emotional maturity.
    C. Ability to care for the child's health and provide proper nutrition.
    D. Intellectual stimulation for the child.
    E. Willingness and ability to take responsibility constantly.
    F. Financial responsibility and support for the child.
    G. How others see us and how that would affect our children.

SMI LEVEL OF FUNCTIONING:

If this is an issue, a parent conference strongly recommended.

TMI LEVEL OF FUNCTIONING:

Use these activities with TMI students and have discussions on the level of their understanding.

EMI LEVEL OF FUNCTIONING:

Use these activities with EMI students and have discussions on the level of their understanding.

UNIT: [AG VI] - LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

CONTENT: [IO D] - Improves Decision Making and Problem Solving Skills.

LESSON/ACTIVITY: [PO 9] - Learns individual problem solving techniques on sexual issues.

MATERIALS:

"Being Me" assessment.

STEPS:

Small discussion groups, role play.

ACTIVITY:

1. Begin with a brief review of sexual issues (terms and concepts).
2. Relate terms to situations creating an open discussion (if...then situations)
3. Role play situations from discussion, questions, pictures. "What's happening in this picture?" "What would you do?" "What's wrong?" "What would you change?"
4. Incorporate different responses (from #3) into a discussion about "Choice" "What you want."
5. Present situations, discuss/role play, matching and mixing showing different possibilities and "choices".

SMI LEVEL OF FUNCTIONING:

Use this activity on a very basic level.

TMI LEVEL OF FUNCTIONING:

Do activity as written.

EMI LEVEL OF FUNCTIONING:

Do activity as written.

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UNIT: [AG VI] - LEARNS ABOUT EMOTIONAL AND MENTAL HEALTH

CONTENT: [IO D] - Improves Decision Making and Problem Solving Skills.

LESSON/ACTIVITY: [PO 9] - Learns individual problem solving techniques on sexual issues.

MATERIALS:

None

STEPS:

This training is no different than the work that is done on any personal responsibility issue. Using the circle of discussion concept of give and take between the students and staff person is very effective.

ACTIVITY:

The issues that have to be addressed are:

1. Personal decision making (what does the student want to do)?
2. Reasons for wanting to pursue an issue of this nature.
3. Who can student turn to to help with decision making.
4. The decision in context of his/her family or place of residence, the law, personal concept of right or wrong, financial status and both long and short term effects of decision.

SMI LEVEL OF FUNCTIONING:

If this is an issue a parent conference is strongly recommended.

TMI LEVEL OF FUNCTIONING:

Use this activity with TMI students and have discussions on their level of understanding.

EMI LEVEL OF FUNCTIONING:

Use this activity with EMI students and have discussions on their level of functioning.

SPECIAL EDUCATION ADDENDUM TEACHING MATERIALS LISTING

Special Notes:

Some of the activities require that teachers collect magazines for specific pictures. This was done to insure that the pictures would show people, fashions, behavior, etc. that was current. Many of the students need specific and explicit pictures - magazine pictures seem to work the best.

Some of the activities require specific items that can be purchased: calendars, sanitary napkins, scissors, magic markers, etc.

Information on items marked WCLF and followed by a number can be obtained from:

Wayne Oakland Library Federation
33030 Van Born Road
Wayne, MI 48184
(313) 326-8923

Information on items that are marked WCISD and followed by letter and number combinations can be obtained from:

Wayne County Intermediate School District
Professional Resource Center
33500 Van Born Road
Wayne, MI 48184
(313) 467-1317

Prices as of 3/88

1. Stanfield Slides

James Stanfield Publishing Co.
P.O. Box 1983 A
Santa Monica, CA 90406
1-800-421-6534 $395.00

2. Love, Sex and Birth Control for the Mentally Retarded (1985)

Planned Parenthood Association of Southeastern PA
1220 Sansom Street
Philadelphia, PA 19107
(215) 592-4108

3. EASE Curriculum (Essential Adult Sex Education for the Mentally Impaired) (1978) Same Source as #1

4. Michigan Department of Health
Wayne County Health Department
Teen Family Planning
Couth Calven - Health Educator
Westland Health Center
2345 Merriman Road
Westland, MI 48185
(313) 467-3319

Someone from his office will do presentations to schools on sex education related issues.

5. Teaching AIDS

ERT Associates
1700 Mission Street
P.O. Box 1830
Santa Cruz, CA 95061
(408) 429-9822 $14.95 + $2.24 (shipping & handling)

6. Taught Not Caught - Strategies for Sex Education (1985)

The Clarity Collective
Ednick Communications, Inc.
P.O. Box 3612
Portland, OR 97208 $20.00

7. Effie Dolls Male/Female Dolls
c/o Mrs. Judith Franing
4812 48th Avenue
Moline, IL 61265
(309) 764-3048

8. Wayne County Fertilized eggs
Michigan Department of Natural Resources
1120 State Fair Grounds
Detroit, MI 48203
(313) 368-1000

9. Films, Filmstrips

Child Abuse-filmstrip - WCISD HV 713A - FC
Human and Animal Beginnings - WOLF 2-0915
Animal Babies - WOLF 1.5-0450
Animals Hatched from Eggs - WOLF 1-2349
Board and Care - WOLF 3-1743
Animals and Their Young - WCISD QL 77B-MA puzzles
Growing Seeds - WCISD QK 731A-BK book
Plant Structures and Growth - WCISD QK 49A-FC filmstrip
How Animals Live to Grow - WCISD QL 49A-FC filmstrip/cassette
Phoebe: A Story of Premarital Pregnancy - WOLF 3-0353
Baby Is Born - WOLF 3-0716
Prisoners of Chance - WOLF 3-1659
Understand Your Feelings - WCISD BF 521 A

10. Michigan Model for Comprehensive School Health Education-all phases K-8

Adrea Unitis
Wayne County Intermediate School District
33500 Van Born Road
Wayne, MI 48184
(313) 467-1300

Contact Adrea for information on the model, local district participation in the model, etc.

11. Life Concepts - Set 1 Birth and Death flash cards - WCISD BD 443A-CF

12. Models of human genital anatomy

1) vulva model
2) vaginal model for demonstration
3) uterus model for demonstration
    a. IUD insertion
    b. menstruation
4) erect and flaccid penis model
5) vasectomy/prostate models

Jim Jackson
33 Richdale Avenue
Cambridge, MA 02174
(617) 864-9063

13. Sex Education for the Developmentally Disabled - A Guide for Parents, Teachers and Professionals (1973)

Fisher, Krajicek, Borthick
University Park Press

14. "Being Me" Program
Teacher Guidebook, Sex Education Slides, Assessment Scale, Sara and Allen

EDNICK Communications
Box 3612
Portland, OR 97208
(503) 246-8047 $130.00 - complete program

15. Getting Ready for Your Baby - WCISD HQ 56L C.1

16. Special Education Curriculum on Sexual Exploitation

Comprehensive Health Education Foundation
20814 Pacific Highway South
Seattle, WA 98118
(206) 824-2907 Each Kit is $400.00

Level I - Elementary (6-11 years)
Level II - Adolescents (12-19 AND mentally retarded adults)

17. Sexuality and the Mentally Retarded (1982)
Rosalyn Kramer Monat, College Hill Press

18. Circles   Same source as #1

19. Birth Control Methods - A Simplified Presentation

Planned Parenthood of Northern New York
161 Stone Street Annex
Watertown, NY 13601

20. It Takes Two, Parts 1 - 4   WCISD FC HQ 10E

21. Aware - Activities for Social Development

Elardo and Cooper
Addison-Wesley Publishing Co.
Menlo Park, CA

22. Marriage, What Is It All About? Parts 1-3   WCISD   FC HQ 10A
Filmstrips and curriculum

23. Marriage (book and cassettes) WCISD BC HQ 10A

MICHIGAN MODEL OUTLINE

Michigan Model for Comprehensive SCHOOL HEALTH EDUCATION

WHAT IS THE MICHIGAN MODEL FOR COMPREHENSIVE SCHOOL HEALTH EDUCATION?

The Michigan Model is more than just a health curriculum-it is an organized statewide effort by 7 state agencies: Michigan Department of Education, Michigan Department of Public Health, Office of Substance Abuse Services, Michigan Department of Mental Health, Office of Highway Safety Planning, Department of Social Services, and the Office of Health and Medical Affairs to incrementally implement a comprehensive school health education program for all of Michigan's 1.9 million school age children.

Implementation began for grades K-6 during the 1984-85 school year with 34 local school districts. By the end of the 1986-87 school year, 26 regional sites coordinated the Michigan Model in 175 school districts for 170,000 K-6 students. The program is reaching 18.4% of Michigan public school students in grades K-6. Implementation for the Michigan Model Program in Grades 7-8 will begin next year as well as some programming for grades 9-12.

The objectives of this program are to provide comprehensiveness, coordination, continuity, cost-effectiveness, and community health resources to health education implemented in Michigan's schools.

The components and services offered to Michigan Model Schools are the following:

1) Comprehensive Health Curriculum
2) Health Materials
3) Teacher Training and Follow-up
4) Parent Component-Parent Manuals
5) Health Resource Network-Community Advisory Committee
6) Personal Health Promotion for Teachers/Administrators
7) Evaluation
8) Program Coordination

THE MICHIGAN MODEL FOR COMPREHENSIVE SCHOOL HEALTH EDUCATION

The Michigan Model for Comprehensive School Health Education has been identified by the Governor, the State Board of Education and the State Steering Committee (made up of representatives from seven State agencies) as *the* state-supported comprehensive health curriculum for Michigan. In May, 1987, Governor Blanchard (speaking from a third grade Michigan Model classroom in Detroit) confirmed this support, calling the Michigan Model his #1 program for substance abuse prevention in the schools.

The Michigan Model includes a sequential, age appropriate, Kindergarten through eighth grade health curriculum. Ten topic areas are taught in each grade including: disease prevention and control, personal health practices, growth and development, emotional and mental health, nutrition, substance abuse, family health, consumer health, safety/first aid, and community health.

Delivering an alcohol and drug curricula within the format of a comprehensive health program provides an opportunity for a combination of approaches and for maximum effectiveness to occur. This concept was recently supported by the National Association of State Boards of Education's *Alcohol and Drug Abuse Prevention Education: Survey of the States*. *According to the report*, "comprehensive health curricula teaches a set of knowledge, skills, and attitudes basic to all areas of health including alcohol and drug abuse prevention curriculum."

The program components and services offered to Michigan Model Schools within the Wayne County Intermediate School District are the following:

1. Comprehensive Health Curriculum:

   Ten topic areas of health (as described above) including, substance abuse, are addressed. The Michigan Model is based on several national and state validated health curriculums and sound principles of learning as demonstrated through research. The model consists of approximately 40 classroom lessons per grade level K-8 and uses a "hands on" experiential learning approach. The goal is to provide the strong base of positive health oriented knowledge, attitudes, and skills necessary to maintain health throughout life.

2. Materials:

   Each school is provided with materials which are utilized with the lessons in the curricula. These include books, transparencies, models, posters, pamphlets, films, learning games, etc.

3. Teacher Training and Follow-Up:

   Teachers in Michigan Model Schools receive 3 and one-half days of inservice training. They receive a review of comprehensive health, utilize the curriculum and materials and meet community resources.

4. Parent Component:

Each grade level has an accompanying parent component. Parents are informed on what is being taught in the classroom along with suggestions of activities which can be done at home to reinforce the classroom instruction. In survey of parents following the first year of implementation, 95% of those responding felt the Michigan Model had resulted in one or more positive changes in the health behavior of their children.

5. Local Planning Committee-Community Organizations:

A community advisory committee of educational and health/medical professionals from hospitals, community organizations, corporations and health departments, provides resources to our Michigan Model Schools.

6. Personal Health Promotion:

Teachers and school administrators are provided with health risk analysis and outside resources to assist them with development of a personal wellness plan and follow-up.

7. Evaluation:

Evaluation of the effects of Michigan Model instruction on the health related behavior and health knowledge will be coordinated through the Michigan Department of Public Health.

8. Coordination:

A regional Michigan Model Coordinator coordinates all components of this program with participating schools.

6/87

Scope and Sequence of the Michigan Model (Grades K-6)

	DISEASE PREVENTION & CONTROL	**PERSONAL HEALTH PRACTICES**	**NUTRITION**	**GROWTH & DEVELOPMENT**	**FAMILY HEALTH**	**SUBSTANCE ABUSE**	**CONSUMER HEALTH**	**SAFETY & FIRST AID**	**COMMUNITY HEALTH**	**EMOTIONAL & MENTAL HEALTH**
K	Communicable disease prevention symptoms	Two sets of teeth Dental health foods	Food classification Nutritious snacks	Five senses	How families help each other Fire safety	Drug & non-drug definition Smoking Medicines	Medicines	Fire safety Poison prevention School safety Traffic safety Inappropriate touching	Health helpers Firefighters Police officers Doctors & nurses Dental health helpers	Uniqueness Differences-similarities Coping with feelings Main feelings
1	Wellness/illness Germ spread Prevention Immunization Signs & symptoms	Wellness/illness Prevention Telling an adult Check-ups Good health habits	Energy & growth Food groups Snacks Family eating patterns Food habits	Living & non-living Growth needs Offspring Skills & abilities Change Movement	Families Responsibilities Eating patterns Medicine storage	Defining a drug Medicines Alcohol Nicotine Smoking	Telling an adult Who should give medicine	Telling an adult Safety at play Pedestrians & vehicles Water Fire Emergencies	Communicable diseases Immunizations Telling an adult Physicians & nurses	Differences similarities Alternatives & consequences Best decisio Change, growth & death Dealing with loss
2	Exercise & health Staying healthy	Health status Dental safety Exercise Health care measures	Daily requirements Choices Regular meals Breakfast	Five senses Eye Personal growth Ear	Home safety rules Telling an adult	Medicines-drugs Nicotine Effects of alcohol	School environment Hearing impairment/aids Vision impairment/aids	Eye Home Dental Personal Ear	Pollution Noise pollution Air pollution Environment Littering	Getting along-norms Making friends Problem solving Telling an adult
3	Body balance Communicable & chronic Positive health habits	Body balance Influence of others Sleep Health habits Tooth decay-plaque	Nutrients Carbohydrates	Body systems Cells Bones Muscles	Telling an adult Health habits Influence of others	Dose Alcoholism Smoking	Health products Labels Influence of others Choices	Sexual abuse Body balance Risk taking Bicycle Protection skills	When to tell an adult Safety helpers Community agencies	Feeling effect on the body Problem solving Negotiation Norms Calm breathing
4	Action plan Use of tobacco	Kinds of teeth Tooth decay Posture Exercise & rest Action plan	Proteins Fats Serving size Combination foods Food choices	Skin Blood Skeletal system Digestive system Cell structure	Home alone Love & caring Social support	Reasons for using drugs Alcohol Alternatives to drugs Effects of tobacco	Action plan	Food Accidents Bicycle Fire Home alone Choking	Social support network	Forming hypothesis Control Calm breathing Stress Fragility of life Social support
5	Respiratory system Defenses against disease Symptoms Immunizations Prevention	Prevention Individual choices Advertising Action plans	Nutrients Vitamins, minerals, & water Food intake Serving size	Cells, tissues, organs, systems Puberty Reproductive system Respiratory system	Life cycle Household toxics Action plans	Why people smoke Effects of smoking Marijuana Advertising tobacco	Prevention & control Individual choices Advertising Action plan	Sexual abuse Self protection CPR Accident First aid Food	Environment Sexual abuse Community helpers Environmental pollution Air & water pollution	Feelings Stress Control Friendship Negotiation
6	Causes of death Fitness Genetic diseases Heart	Lifestyle Causes of death Cardiovascular risk; factors Fitness assessment Action plans	Nutrients Diet Food groups	Pulse rate Diffusion, filtration & osmosis Body systems Circulatory system-heart Fetal growth	Home safety Emergency care	Smoking effects Alcohol abuse Drugs Saying NO	Saying NO Action plans	Causes of death Saying NO Assertiveness Home First aid	Healthy lifestyle Alcoholism Sexual abuse	Lifestyle Control Stress Responsibilities Decision making values

THE MICHIGAN MODEL FOR COMPREHENSIVE SCHOOL HEALTH EDUCATION, GRADES 7-8

The middle school/junior high school component of the Michigan Model for Comprehensive School Health Education is comprised of ten modules. Each module contains approximately ten lessons. The modules are designed to be taught sequentially, as listed below:

GRADE 7

Looking Good
Feeling Good
Getting along with others
Recognizing Influences
Figuring Out What's Best For Me

GRADE 8

Thinking Seriously About Health
Finding Out About Health Risks
Reaching Out to Others
Watching Out For Myself
Looking Ahead

The 7-8 component is designed with the nature of the early adolescent learner in mind. Cognitively, emotionally, and socially, twelve and thirteen-year old youngsters are poised on the brink of adolescence, not quite able to think, feel, and behave like young adults, but keenly wishing they were. They experience the same volume of complex health information and multiple messages that bombard us all, no matter what our ages, but they typically have not yet had the life experiences or the educational preparation necessary to sort out the conflicting pressures and voices that tell them what's smart, what's cool, and what's healthy.

We know that it is during these crucial, formative years that certain health-promoting or health-jeopardizing habits and predispositions to behave are adopted or rejected. It is the intent of these modules to capture student interest where it lies, then enlarge their view of their lives, their health, and their control over both.

The seventh grade modules begin with "Looking Good," since how they look and what's happening to their bodies are paramount importance to youngsters at this stage of "pubertal outcropping." Moving past appearances and all that contributes to looking your best, the second module focuses on "Feeling Good." An exploration of a variety of contributors to health and happiness, including diet, rest, exercise, taking responsibility, communicating effectively, and managing daily stresses, to name a few, form the content of this module. The ground work is thus laid for an understanding of health choices and behaviors in comprehensive terms, that is to say, health as the sum total of one's personal decisions in physical, mental, emotional, social, and environmental arenas.

The third module for the seventh grade program is called "Getting Along With Others." Newly expanding social awareness and sensitivity to friendships and changing family relations mean that the typical seventh grader welcomes insights into how to interact effectively with others. Since familial and social relationships form the bedrock of healthy human existence throughout life, skills in communicating, expressing appreciation, resolving conflicts, and building positive relationships are important components of a comprehensive health education program.

Interactions with others, either in face-to-face relationships or via the media, have profound influence upon our lifestyle choices. The next module, "Recognizing Influences," is designed to have the students take a careful look at the various pressures, both overt and covert, which they are experiencing.

Since pressures to use cigarettes, alcohol, and other drugs are especially strong in the middle/junior high school years, there is particular emphasis on understanding the nature of those forces and practicing strategies for handling them in positive and health-promoting ways. Attention is also given to other influences, both positive and negative, intended and unintended, which impact youth, for example, pressures for too-early sex, for good grades, for involvement in extracurricular activities, for rejecting adult control, or for getting a job.

The last module for the seventh grade, "Figuring Out What's Best for Me," is an opportunity for students to integrate their thoughts and feelings about health behavior choices that they have made and will be making in the coming months and years. A heavy emphasis is placed on personal responsibility for health choices. A model for decision-making is taught with opportunities to apply the model in typical junior high level situations. The module reinforces family values, moral and ethical considerations, and the need for sound health facts as bases for good decision-making.

The eighth grade module sequence begins with the students' interests in health topics. Entitled "Thinking Seriously About Health," this introductory module allows students to identify the health issues they would like to know more about and structures research, investigation, and reporting activities. Skills of critical thinking, resource identification, group process, and health advocacy are emphasized.

The next module, "Finding Out About Health Risks," contains the heaviest dose of hard health facts and risks analysis in the 7-8 program. Adolescent risk factors for substance abuse, suicide, teenage pregnancy, sexually transmitted diseases (including AIDS), and motor vehicle accidents will be emphasized, but there will be many other health topics available for in-depth study and consideration of preventive behaviors to reduce risks. A series of fact sheets on major health topics will form the content base for this module.

Building on their heightened awareness of health risks, the next module turns students' attention to what they can do to help reduce health risk behaviors of their friends and family. "Reaching Out To Others" addresses the need for each of us to be concerned about the health choices of those people to whom we are closest. The module includes basic first aid skills and knowledge, as well as less tangible subtleties of reaching out to others in ways that don't alienate them or defeat the intent to promote health. The goal is to raise awareness of the cycle of caring behaviors that can result in healthier lifestyle choices on the part of family and friends, and in turn on part of the adolescent who reaches out.

Bringing the focus squarely back to the students themselves, the next module is titled "Watching Out for Myself." The emphasis here is on skill development in life planning, stress management, refusal skills, positive risk-taking, injury prevention, and disease prevention. The decision-making model introduced in the seventh grade will be reinforced here with more sophisticated situations requiring multiple risk factor analysis and application of the module.

The culminating module for the 7-8 program is called "Looking Ahead." Students are asked to consider the coming transition to the high school milieu where even more direct pressures can be expected and more personal responsibility for themselves and their health is demanded. They will be required to make some commitments to themselves to insure their health and well-being during the high school years and beyond, using the convention of a "letter to myself" which will be mailed to them at a later time when they are in the ninth grade. Again, there will be reinforcement of the theme that each one of us is, in large measure, responsible for our own health, physically, mentally, emotionally, socially, and environmentally. The 7-8 Michigan Model for Comprehensive Health Education thus ends on a note of empowerment for health, building on the early adolescent's desire to be "in charge" of his or her life, and to be seen by parent and by others as mature enough to make healthy choices.

TOPIC OUTLINES

MICHIGAN HEALTH MODEL	ADAPTED SPECIAL EDUCTION MODEL
I. Disease Prevention & Control	**I. DISEASE PREVENTION AND CONTROL**
Concept of Wellness/Illness Personal Responsibilities for Health	A. Wellness & Personal Responsibility
Causes of Disease (Communicable, Chronic, Hereditary)	B. Causes & Treatment of Diseases
Environmental/Lifestyle Relative to Health	C. Health, Lifestyle & Environment
Prevention Strategies	
II. Personal Health Practices	**II. PERSONAL HEALTH PRACTICES**
Dental Health Structure and Function of Teeth Decay Process/Plaque Care/Prevention of Dental Injuries Dental Hygiene Skills & Tools Dental Professionals	F. Dental Health
Personal Care Cleanliness and Grooming	A. Toileting B. Personal Hygiene (Bathing) C. Personal Hygiene (Hair Care) D. Adolescent Hygiene
Exercise and Fitness Sleep and Relaxation	E. Health Practices: Exercise, Relaxation and Sleep
Care of Eyes and Ears (Vision/Hearing)	
III. Nutrition	**III. NUTRITION**
Food Classification (types, 4 groups) Concept of Balanced Diet	A. Balanced Diet & Food Classifications
Nutrient Sources/Functions	B. Sources & Functions of Nutrients
Factors Influencing Food Choices Consumer Information & Skills	C. Food Choices & Consumer Information
Fad Diets/Food Patterns Nutritional Disorders	D. Fad Diets, Food Patterns & Nutritional Disorders
Analysis/Planning Prsonal Diet	E. Personal Diet & Menu Planning & Preparation

IV. Growth and Development	**IV. HUMAN GROWTH & DEVELOPMENT**
Concept of Life Cycle	A. The Life Cycle
Body Parts & Functions (simple)	B. The Human Body Parts
Senses	C. The Five Senses
Body Systems Overview Muscular Skeletal Digestive Excretory Respiratory Reproductive Circulatory Nervous Endocrine	D. Information About Body Systems
Adolescent Changes (physically & emotionally)	E. Adolescent Changes (physical & emotional)
Pregnancy and Birth	F. Intercourse, Pregnancy & Birth
Growth/Development of Infants/ Children	G. Development of Infants/Children
V. Family Health	**V. FAMILY HEALTH**
Concept of Family	A. Family
Roles/Responsibilities within Family	B. Family Roles & Responsibilities
Coping with Family Changes	C. Coping with Family Changes
Child Abuse	D. Child Abuse & Exploitation
Rights/Responsibilities of Sexual Behavior	E. Rights/Responsibilities Associated with Sexual Behavior
Dating	F. Dating and Marriage
Parenting	G. Parenting
VI. Emotional & Mental Health	**VI. EMOTIONAL & MENTAL HEALTH**
Acceptance of Emotions/Feelings Relationship of Emotions/Behavior Tolerance of Individual Differences	A. Feelings, Abilities & Individual Differences
Communication and Friendship Dealing with Peer Pressure	C. Communication, Friendship & Peer Pressure
Coping with Emotions	B. Emotions, Behavior and Coping
Decision Making/Problem Solving Concepts & Skills	D. Decision-Making & Problem-Solving

Stress & Stress Management	E. Stress and Coping
Identification of Short term & Long term Goals	F. Goal Setting
Identification & Use of Support System	
VII. Substance Use & Abuse	**VII. SUBSTANCE USE & ABUSE**
Poison ID & Prevention	B. Poison ID & Prevention
Definition & Recognition of a Drug	
Medicine Use & Misuse	A. Safe Medicine Use
Types of Medicine (OTC, Presc.)	
Effects of Smoking of Alcohol Causes of Substance Abuse Alternatives to Substance Abuse	C. Smoking, Alcohol & Drug Abuse Effects
VIII. Consumer Health	**VIII. CONSUMER/COMMUNITY HEALTH**
Health Workers & Services Community & Service Agencies	A. Health & Community Services
Advertising Methods Evaluation of Products & Services	B. Advertising & Evaluating Products
Consumer Protection Agencies	
Benefits of Self Care/Preventive Skills Health Fads and Fallacies Quackery	C. Qualtiy Health Care Products, Health Fads and Fallacies
IX. Safety & First Aid Education	**IX. SAFETY & FIRST AID**
Self Assessment of Risks Emergency Numbers & Service	A. Personal ID, Emergency & Risk Assessment
Fire Safety & Prevention	B. Fire Prevention & Safety
Pedestrian Safety Vehicle Safety & Seat Belt Use	C. Pedestrian/Vehicle Mobility Safety
Recreational Safety	D. Home/School/Recreation Safety
Basic First Aid Skills	E. Basic First Aid and CPR
CPR Use and Skills	

X. Community Health	VIII. CONSUMER/COMMUNITY HEALTH
Types of Pollution Relationship of Pollution to Health	D. Pollution and Health
Prevention of Pollution Individual Responsibility for Environment/Community	E. Pollution Prevention & Personal Responsibility
Community Personnel & Services Community Agencies (Local, State & Federal)	A. Health & Community Services

The numbers and letters in the special education outline correspond to the goals and objective index.

SEXUALITY CURRICULUM, MATERIALS, AND PROGRAMMING RESOURCES DESIGNED FOR SPECIAL EDUCATION POPULATIONS

HUMAN GROWTH and DEVELOPMENT

DIGNITY
RESPECT
SELF-ESTEEM
AWARENESS

WayneCountyIntermediateSchoolDistrict

COMPILED AND REVISED YEARLY BY: ANN HELER
W.C.I.S.D. - MICHIGAN
SPECIAL PROJECTS
RILEY CENTER
9601 VINE
ALLEN PARK, MICHIGAN 48101
Phone: (313) 928-0841
928-0408

1989/1990

SEXUALITY CURRICULUM, MATERIALS, AND PROGRAMMING RESOURCES DESIGNED FOR SPECIAL EDUCATION POPULATIONS

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1989/1990

SEXUALITY CURRICULUM, MATERIALS, AND PROGRAMMING RESOURCES

NETWORKING IN SOUTHEASTERN MICHIGAN .... 3 - 7

CURRICULUMS and ASSESSMENTS .... 8 - 12

TEACHING MATERIALS .... 13 - 20

ADDITIONAL HELPFUL MATERIAL .... 21 - 23

SEXUALITY CURRICULUM CATALOG RESOURCES .... 24 - 25

PLEASE NOTE:

1. PRICES AND ADDRESSES ARE CURRENT AS OF AUGUST, 1989
2. IF YOU SHOULD USE ANY OF ITEMS LISTED AND FIND INCORRECT FACTUAL MATERIAL OR OUT-OF-DATE ISSUES OR TECHNIQUES, PLEASE CALL AND I WILL DELETE THE ITEM(S) FROM THIS LIST.

NETWORKING in SOUTHEASTERN MICHIGAN

1. ADREA KENYON-UNITIS, Coordinator
Michigan Model for Comprehensive School Health Education

ANN HELER, Special Education Consultant
Supervisor for Reproductive Health Education in
I.S.D. Directly Operated Programs

AL GOLDBERG, General Education Consultant

ELLIE LaROY, R.N., Head Start - Health Coordination

BARBARA PAPANIA, Early Childhood - General Health

DOLORES VESHCA, Professional Resource Center
- Curriculum and Materials

WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT
33500 VAN BORN ROAD
WAYNE, MICHIGAN 48184
(313) 467-1300

The I.S.D. has developed a myriad of services in the area of social/sexual curriculum and programming. The I.S.D.

1. - holds regularly-scheduled Reproductive Health 20-hour workshops for public education staff (general and special education), group home and workshop staff. These are the workshops that "certificate" teachers to teach this subject area.

2. - coordinates the implementation of the Michigan Model of Comprehensive School Health Education for Wayne County.

3. - has developed a curriculum and service-delivery model designed designed as an example of a complete social/sexual continuum of services for special education populations usable by any district. The model is the Continuum of Social/Sexual Curriculum and Programming Services. This is available to any district via the ISD/LEA computer hook-up. Contact Diane Gorney (467-1497) for further information.

4. - curriculums and teaching materials available in our Professional Resource Center (PRC) collection.

5. - has identified consultants (special and general education) to assist LEAs in this curriculum area. See above.

6. - has a social-sexual issue workshop design for parents of children who are in the "low incidence" special education population group.

7. - can provide consultation on identified behavior problems (special education populations only) that have been determined to be sexually based.

2. JACK MARTIN
CHUCK STOCKWELL
SUSAN DORENCAMP

WAYNE-WESTLAND SCHOOLS
36745 MARQUETTE
WAYNE, MICHIGAN 48185
(313) 595-2000

Wayne-Westland is currently in the process of putting sex education programs in place at all levels of special education. Their staff has been involved in curriculum writing, inservices and program organization.

3. KATHLEEN BROU
SANDRA GREEK

DEVELOPMENTAL LEARNING PROGRAM
30922 BEECHWOOD
GARDEN CITY, MICHIGAN 48135
(313) 425-5660

Sandi's experience is with students who are over the age of 16 and autistic with some cognitive deficits. Sandi has had a lot of experience with district organization over this issue and has written curriculum.

4. ERICA ELLIS, Assistant Director

WAYNE COUNTY ASSOCIATIONS FOR THE RETARDED
32233 SCHOOLCRAFT - SUITE 100
LIVONIA, MICHIGAN 48184
(313) 261-3600

WCAR designed and is now implementing a human growth and development program. This is specifically written for the over 26 years of age and OUT OF SCHOOL population. WCAR also does staff training workshops based on their experiences and curriculum. Call Erica for more information.

5. DENNIS BELLEHEUMER, Psychologist

WINDSOR MENTAL RETARDATION ASSOCIATION
(519) 252-6571
(Home in Canada: (519) 734-1682)

Dennis has worked with the Wayne County Community Mental health Board in the area of sexuality and the developmentally disabled. He works as a consultant to group homes in this area. He also takes clients who are developmentally disabled in his private practice.

6. BILL KILKELLY, Principal

ST. JOSEPH INTERMEDIATE SCHOOL DISTRICT
PATHFINDER CENTER
POB #187
SHIMMEL ROAD.
CENTREVILLE, MICHIGAN 49032
(616) 467-9745

Pathfinder Center has had a curriculum and program in place for TMI students for many years. Call Bill for a copy of the curriculum or for any information.

7. PLANNED PARENTHOOD LEAGUE, INC.
1337 DAVID WHITNEY BUILDING
DETROIT, MCIHIGAN 48226
(313) 963-2870

Literature, programs, tapes, films, speakers, and clinic services for anyone. CAUTION: Check with administration before making arrangements for an in-school presentation.

8. DOUG WISE

DIRECTOR FOR SEXUALITY SERVICES
MACOMB-OAKLAND REGIONAL CENTER
(313) 286-8400

Doug Wise is currently working on sexuality policies, programs, and plans for clients in various living situations that are supervised by MORC.

9. DR. THOMAS ELKINS

CLINIC FOR THE REPRODUCTIVE HEALTH AND SEXUALITY CONCERNS OF MEN AND WOMEN WITH MENTAL RETARDATION
UNIVERSITY OF MICHIGAN
WOMEN'S HOSPITAL
1500 EAST MEDICAL CENTER DRIVE
ANN ARBOR, MICHIGAN 48109-0010

INFORMATION: SALLY KOPE, A.C.S.W.
(313) 763-9956

The clinic does both medical examinations and counseling. The examinations can include menstrual dysfunction and discomfort, hormonally-related behavior problems and contraceptive concerns. The clinic offers both parent-group and patient-group counseling.

10. MERN

MEDICAL ETHICS RESOURCE NETWORK
c/o MEDICAL HUMANITIES PROGRAM
C-201 EAST FEE HALL
MICHIGAN STATE UNIVERSITY
EAST LANSING, MICHIGAN 48824

MERN provides newsletters, conferences, and resources around medical ethics and bio-ethics issues.

11. SOCIAL CONCEPTS CONSULTATION
237 SOUTH GRATIOT
MT. CLEMENS, MI 48143
(313) 468-8525

CHARLOTTE LILES, M.S.W.
COLLEEN WILSON, M.S.W.

Charlotte Liles and Colleen Wilson specialize in sexuality and appropriate social behaviors. Their emphasis is "out of school" populations.

12. DR. BENNIE STOVAL, Director

CHILDREN'S AID SOCIETY
7700 SECOND
DETROIT, MICHIGAN 48202
(313) 875-0020

Dr. Stoval is an authority on child abuse and all of its ramification. Dr. Stovel does presentations on the incidence of abuse, "abuse" family structures, role of agencies and education and on current research in the field.

13. DR. ARNOLD DREIFUSS
(313) 341-6571

Dr. Dreifuss specializes in developmentally disabled/family or living structure therapy. Dr. Dreifuss has considerable experience with group homes and specific client problems revolving around sexuality issues.

14. WAYNE COUNTY HEALTH DEPARTMENT
Teen Family Planning

COUTH CALVIN - Health Educator
WESTLAND HEALTH CENTER
2345 MERRIMAN ROAD
WESTLAND, MICHIGAN 48184
467-3319

This program provides counseling in the areas of human sexuality, family planning, maternity services, sex education and venereal disease. Couth also does school and workshop presentations upon request.

15. DR. WANDA JUBB
PAT NICHOLS
Health and Physical Education Consultants

MICHIGAN DEPARTMENT OF EDUCATION
POB 30008
LANSING, MICHIGAN 48909
(517) 373-2589

Dr. Jubb's office has, among other things, the responsibility for interpreting and tracking P.A. 226 activities across the State. In addition to clarifying P.A. 226, Dr. Jubb's office can provide information on:

1. districts providing sexuality education programs;
2. teachers, supervisors, etc. who are properly qualified to teach P.A. 226 subject areas;
3. districts using the Michigan Model for Comprehensive School Health Education Curriculum Program.

16. KRISTY KAHERL

MACOMB INTERMEDIATE SCHOOL DISTRICT
44001 GARFIELD ROAD
MT. CLEMENS, MICHIGAN 48043
(313) 286-8800

TMI/SEI sexuality education programming.

17. JUDI ZACHARY

SAFETY BEAR, INC. - Personal Safety Programs for Children
68 Devonshire
PR 48069
547-0438

Prevention and awareness of child abuse. Teaching techniques for school programs.

CURRICULUMS AND ASSESSMENTS

1. "BEING ME" PROGRAM

Teacher's Guidebook	$ 36.50
Sex Education Slides	36.50
Assessment Scale and photo presentation cards	48.00
Sara and Allen: THE RIGHT TO CHOOSE	9.00
The complete "BEING ME" program	$ 130.00
JUST BETWEEN US: SOCIAL SEXUAL GUIDE FOR PARENTS AND PROFESSIONALS	$ 12.00

Jean Edwards also does workshops and presentations. Call her for more information:

EDNICK Communications
Box 3612
Portland, Oregon 97208
(503) 246-8047

or

ASIEP Education Co.
Dept. A - 10
POB 12147
Portland, Oregon 97212
(503) 236-1317

2. LIFE FACTS CURRICULUM SERIES -
FUNDAMENTAL INFORMATION ABOUT LIFE - 1988

JAMES STANFIELD PUBLISHING CO.
POB 1983
SANTA MONICA, CALIFORNIA 90406 $ 129.00
1-800-421-6534

This has an AIDS education section. This is the revised EASE curriculum.

3. POSITIVE IMAGES - A New Approach to Contraceptive Education-1986
PEGGY BRICK and CAROLYN COOPERMAN

PLANNED PARENTHOOD OF BERGEN COUNTY, INC.
CENTER FOR FAMILY LIFE EDUCATION $ 15.00
575 MAIN STREET PLUS 2.00
HACKENSACK, NEW JERSEY 07601 Shipping/Handling
(201) 489-1265

4. LIFE EDUCATION FOR MENTALLY IMPAIRED PERSONS:
A CURRICULUM GUIDE - 1977
Edited by S. Koscierzynski and M. Karpen

MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT
1101 RAISINVILLE ROAD $ 7.00
MONROE, MICHIGAN 48161
(313) 242-545

This was one of the first curriculums ever published for this population. It is a developmentally-based program and still valid.

5. PERSONAL DEVELOPMENT AND SEXUALITY: A CURRICULUM GUIDE FOR THE DEVELOPMENTALLY DISABLED - 1978

PLANNED PARENTHOOD OF PIERCE COUNTY
312 BROADWAY TERRACE BUILDING $ 18.00
TACOMA, WASHINGTON 98402

Topic areas with general statements, behavioral objectives, activities and resources for each. A facilitator's guide and a program-planning and evaluation section is also included.

6. A PERSONAL GROWTH AND DEVELOPMENT CURRICULUM GUIDE FOR THE DEVELOPMENTALLY DELAYED - 1982
Edited by Ed. Simon and Rhonda Witkowsky-Jeter

CUYAHOGA COUNTY BOARD OF MENTAL RETARDATION $ 10.00
1051 TERMINAL TOWER
CLEVELAND, OHIO 44113
(216) 241-8230

7. SOCIO-SEXUAL KNOWLEDGE AND ATTITUDES TEST (SSKAT)
Designed for the Developmentally Delayed

STOLLING COMPANY
1350 SOUTH KOSTNER AVENUE $ 100.00
CHICAGO, ILLINOIS 60623
(312) 522-4500

Determines both sex knowledge and sex attitudes. Persons must have visual and verbal comprehension, but expressive language is not necessary. Kit includes tests, stimulus picture book, manual and 10 recording forms.

8. SPECIAL EDUCATION CURRICULUM ON SEXUAL EXPLOITATION

COMPREHENSIVE HEALTH EDUCATION FOUNDATION
20814 PACIFIC HIGHWAY SOUTH
SEATTLE, WASHINGTON 98118
(206) 824-2907

Level I - elementary (6 - 11 YEARS

Level II - adolescents (12 - 19 AND
mentally retarded adults

EACH KIT: $ 400.00

9. YOUR CHANGING BODY - A GUIDED SELF-EXPLORATION

INSTITUTE FOR THE DEVELOPMENT OF CREATIVE CHILD CARE
927 BEMIS, S. E.
GRAND RAPIDS, MICHIGAN 49507

Designed for normal blind children, as well as non-blind, shy and reticent youngsters; preparation for the changes of puberty and understanding and direct approach to the questions asked about developing sexuality and "growing up."

10. PREVENTING SEXUAL ABUSE OF PERSONS WITH DISABILITIES - 1983
A curriculum for hearing impaired, physically disabled, blind and mentally-retarded students.

MINNESOTA PROGRAM FOR VICTIMS OF SEXUAL ASSAULT
A PROJECT OF THE DEPARTMENT OF CORRECTIONS

NETWORK PUBLICATIONS
POB 1830 $ 18.00
SANTA CRUZ, CALIFORNIA 95061-1830

11. THE CONTINUUM FOR SOCIAL/SEXUAL CURRICULUM AND PROGRAMMING SERVICES - Special Education, 1987

WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT
33500 VAN BORN ROAD
WAYNE, MICHIGAN 48184 $ 25.00

Attention: Ann Heler
Special Projects
Riley Center
9601 Vine
Allen Park, MI 48101
(313) 928-0841 / 928-0408

The Continuum follows the format of the Michigan Model K - 12 curriculum developed by the Michigan Department of Education, Health and other agencies. The areas of objectives are in the disease prevention and control, personal health practices, nutrition education, growth and development, family health, substance abuse and use, consumer health, safety and first-aid education, community health and emotional and mental health. It also includes the Invisible Environment (curriculum for staff), crises intervention guidelines, a "226" pull-out section of objectives and strategies that includes AIDS education, resource lists, and models of parent and staff workshops.

12. THE PATHFINDER CURRICULUM 1984
Human Growth and Development Program

ST. JOSEPH INTERMEDIATE SCHOOL DISTRICT
PATHFINDER CENTER
POB 187
SHIMMEL ROAD
CENTREVILLE, MICHIGAN 49032
(616) 467-49032

A complete, well-written curriculum for TMI and higher functioning students. This is a model "226" curriculum. Great objectives and resources!

13. HUMAN SEXUALITY: VALUES AND CHOICES 1986

SEARCH INSTITUTE
122 WEST FRANKLIN $ 650.00
MINNEAPOLIS, MINNESOTA 55404
(612) 870-9511

Written for 7 - 8 grades. Goals:

1. increase student knowledge about human reproduction and long-term effects of teen pregnancy;
2. increase student's frequency of conversation with parents regarding sexuality;
3. increase student's support for restraint in sexual activity;
4. decrease student's support for the sexual double standard;
5. decrease student's support for sexual coercion;
6. decrease student's behavioral intention to engage in sexual intercourse.

Text and videotapes.

14. YES YOU CAN!
A Guide for Sexuality Education That Affirms Sexual Abstinence Among Young Teenagers.

SAME ADDRESS AS #13		$ 14.95
	Plus Postage and Handling	2.00

472

15. TEACHING AIDS - A RESOURCE GUIDE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME
Elementary School 1988

QUACKENBUSH & SARGENT
NETWORK PUBLICATIONS
POB 1830
1700 MISSION STREET - SUITE 203
SANTA CRUZ, CALIFORNIA 95061

TEACHING MATERIALS

1. SLIDES - LIFE HORIZONS I and II

JAMES STANFIELD PUBLISHING CO.
POB 1983-A each $ 399.00
SANTA MONICA, CALIFORNIA 90406
1-800-421-6534

Twelve (12) slide presentations to assist in teaching or training mentally-handicapped persons the basic aspects of sexuality and related behavior; body parts, male and female puberty, social behavior, human reproduction, fertility regulation, venereal disease, marriage and parenting. They also have a series that is captioned for the deaf.

2. SEXUALITY EDUCATION FOR PERSONS WITH SEVERE DEVELOPMENTAL DISABILITIES

JAMES STANFIELD PUBLISHING COMPANY
POB 1983 T $ 399.00
SANTA MONICA, CALIFORNIA 90406
1-800-421-6534

A supplement to the Life Horizons series.

3. CIRCLES I, II, III

Strategies for teaching subtle and complex discriminations related to social distance.

Each $ 399.00

I. Intimacy and Relationships
II. Stop Abuse
III. Safer Ways

STANFIELD FILM ASSOCIATES
POB 1983 - A
SANTA MONICA, CALIFORNIA 90406
1-800-421-6534

4. ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF - 1986
3411 VOLTA PLACE. N.W.
WASHINGTON, D. C. 20007 $ 300.00

"NO--GO-TELL!" A CHILD PROTECTION CURRICULUM FOR VERY YOUNG DISABLED CHILDREN

The Lexington Center Foundation/Lexington School for the Deaf

Easy-to-teach lessons that provide disabled children an opportunity to acquire skills necessary to protect themselves from sexual exploitation and abuse. The comprehensive curriculum packet contains:

1. simply illustrated program that utilizes a system of fold-outs and flaps to make the abstract concepts of sexual exploitation and abuse easier to understand;
2. 11" x 17" varnished lesson panels with illustrations on one side and information for the teacher on the other. These include objectives and activities to reinforce the newly-acquired skills;
3. set of anatomically-correct boy and girl dolls for assisting with role-playing and demonstrating inappropriate sexual touch;
4. teacher's manual and parents' manual;
5. curriculum adaptations that make the materials relevant to the needs of various handicapping conditions;
6. post-instruction test to insure that each child has acquired the necessary skills;
7. Five "NO--GO-TELL!" posters for long-term classroom display.

5. GUIDELINES FOR TRAINING IN SEXUALITY AND THE MENTALLY HANDICAPPED 1988 - revised edition
WINIFRED KEMPTON $ 9.95
PLUS POSTAGE/HANDLING

PLANNED PARENTHOOD OF S.E. PENNSYLVANIA
1220 SANSOM STREET
PHILADELPHIA, PENNAYLVANIA 19107
(215) 592-4108

6. THE RESOURCE CENTER
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA
1220 SANSOM STREET
PHILADELPHIA, PENNSYLVANIA 19107
(215) 592-4108

The Resource Center has a very comprehensive collection on human sexuality; a reference library, audiovisual library, bookstore and mail-order service. Call for a free catalog.

7. MODELS OF HUMAN GENITAL ANATOMY

JIM JACKSON COMPANY
33 RICHDALE AVENUE
CAMBRIDGE, MASSACHUSETTS 02140
(617) 864-9063

Latex rubber models, life-size, painted or unpainted, optional "real" pubic hair, includes vulva models; vaginal models with uterus; uterus models for demonstration of IUD insertion and menstruation; erect and flaccid penis models; and vasectomy/prostrate models.
CATALOG IS FREE.

8. MORAL REASONING 1976
A Teaching Handbook for Adapting Kohlberg to the Classroom
Ronald E. Galbraith, Thomas M. Jones

PENNANT EDUCATIONAL MATERIALS
8265 COMMERCIAL STREET
SUITE 14
La MESA, CALIFORNIA 92041
(714) 464-7811

9. THE PICTURE COMMUNCATION SYMBOLS
PCS BOOKS I and II Combined
THE WORDLESS EDITION - SEXUALITY SECTION

MAYER-JOHNSON COMPANY
POB 1579
SOLANA BEACH, CALIFORNIA 92075

These can be used either for communication boards or computer applications. Send for their complete catalog.

10. FILM - A MASTURBATORY STORY

PERENNIAL EDUCATION, INC.
930 NORTH PITNER AVENUE
EVANSTON, ILLINOIS 60202
1-800-421-2363

PURCHASE $ 225.00
RENTAL $ 22.50

(Also available at the Dearborn Henry Ford Centennial Library on Michigan Avenue, Dearborn)

A light, entertaining film presents a non-threatening, humorous discussion start and values clarification exercise of immense value in examining not only the sensitive subject of masturbation, but also the myriad of other related areas in human sexuality. The film is positive, entertaining and valuable as a group "icebreaker."

11. PICTURE DICTIONARIES

Many available. A variety of dictionaries are offered by:

don johnston Developmental Equipment, Inc.
POB 639
1000 NORTH RAND ROAD, BLDG. 115
WAUCONDA, ILLINOIS 60084
(312) 526-2682

Send for their free catalog.

12. SIGNS FOR SEXUALITY - A RESOURCE MANUAL 1978

S. Doughton, M. Minken, L. Rosen

PLANNED PARENTHOOD OF SEATTLE/KING CO.
2211 EAST MADISON
SEATTLE, WASHINGTON 98112

This is a dictionary of commonly-used, preferred, and conceptually accurate signs used in sexuality education. The 144 signs cover such areas as male and female reproductive organs, birth, types of contraception, relationships, and sexual feelings. The use of slang terms is avoided.

13. FILM ON BEING SEXUAL

STANFIELD HOUSE
900 EUCLID AVENUE
POB 3208
SANTA MONICA, CALIFORNIA 90403

Documentary film of parents and professionals talking about sexuality and the mentally retarded. The film emphasizes that the mentally retarded are sexual beings. Dr. Sol Gordon and Winifred Kempton, M.S.W., talk about necessity of giving accurate, complete information.

14. HUMAN SEXUALITY: A PORTFOLIO FOR THE MENTALLY RETARDED
Planned Parenthood of Seattle-King County

EDMARK CORPORATION
POB 3903
BELLEVUE, WASHINGTON 98009-9990
(206) 746-3900

$ 21.50

11" X 17" sheets. Originally designed for the trainable mentally retarded.

15. LIFE-SIZE INSTRUCTIONAL CHARTS KIT

PLANNED PARENTHOOD OF MINNESOTA
1965 FORD PARKWAY
ST. PAUL, MINNESOTA 55116

$ 75.00

Life-size charts of nude male and female with inserts for male, showing erection, ejaculation, urinary tract, and genital area. Charts for female shows menstruation, bony pelvis, fertilization, early fetal development, fetal development at fifth month, and ovulation.

16. LINDI PELVIC MODEL

OMNI EDUCATION
190 WEST MAIN STREET
SOMERVILLE, NEW JERSEY 08876

Three-dimensional plastic female reproductive anatomy and physiology which separates to show interior of uterus, vagina. Designed for use in demonstrating diaphragm insertion.

17. EFFE DOLLS

EFFE DOLLS
c/o MRS. JUDITH FRANING
4812 48TH AVENUE
MOLINE, ILLINOIS 61265
(309) 764-3048

18" visual-aid ragdolls. Male doll has penis; female doll is pregnant, including a replica of a baby with umbilical cord and placental attachment. Sanitary belt and napkin included. Available in black or caucasian.

18. ANATOMICALLY CORRECT DOLLS

TAYLOR GIFTS CATALOG
355 EAST CONESTOGA RD.
POB 206
WAYNE, PENNSYLVANIA 19087-1216

#2582 boy doll	$ 19.95
#2583 girl doll	$ 19.95

19. CAPTIONED FILMS FOR THE DEAF

MODERN TALKING PICTURES
5000 PARK STREET N.
ST. PETERSBURG, FLORIDA 33709

Send for their free catalog. They have some films on human reproduction and sexuality education.

20. FILMS

FOCUS INTERNATIONAL, INC.
14 OREGON DRIVE
HUNTINGTON STATION, NEW YORK 11746

1. DAVID - SEXUAL SELF-HELP AND SEXUAL PLEASURING
2. FEMALE MASTURBATION

Both films are very graphic. Both depict a complete masturbation act. Female Masturbation does not show pre or post hygiene procedures.

21. FILM - LIKE OTHER PEOPLE

PERENNIAL EDUCATION, INC.
1825 WILLOW ROAD
NORTHFIELD, ILLINOIS 60093

Purchase	$ 374.00
Rental	$ 37.50

A deeply-moving film, dealing with the sexual, emotional, and social needs of the mentally or physically handicapped. The two central characters are persons with severe cerebral palsy, who by using their own words, make a plea for humanity for the understanding that they are "real" people.

22. FILM - BOARD 'n' CARE

PYRAMID FILMS POB 1048 SANTA MONICA, CALIFORNIA 90406	Rental	$ 55.00

Film focusing on relationships, choice issues and independence. Academy Award film.

23. AIDS - TRAINING VIDEO AND MANUAL
Training People with Disabilities to Better Protect Themselves

YOUNG ADULT INSTITUTE		$ 145.00
460 WEST 34TH STREET	Shipping	4.00
NEW YORK, NEW YORK 10001 (212) 563-7474		

24. AN EASY GUIDE FOR CARING PARENTS: SEXUALITY AND SOCIALIZATION
Lyn McKee and Virginia Blackledge

PLANNED PARENTHOOD OF CONTRA COSTA
1291 OAKLAND BOULEVARD
WALNUT CREEK, CALIFORNIA 94596
(415) 935-4066

$ 5.95
PLUS POSTAGE

25. SEX EDUCATION FOR PERSONS WITH DISABILITIES THAT HINDER LEARNING
A Teacher's Guide Revised - 1988
Winifred Kempton

STANFIELD PUBLISHING COMPANY
POB 1983-A
Santa Monica, California 90406
1-800-421-6534

$ 19.95
Plus Postage/Handling

26. GOOD NEWS! ABOUT GROWING UP - 1983
A Sex Education Workbook geared for 6th to 8th grade level.

DR. MARY PAONESSA
1242 KEY WEST DRIVE 1-100 workbooks $ 3.50
CLAWSON, MICHIGAN 48017 each
(313) 588-7850

Dr. Paonessa is available for classroom presentations, workshops, and curriculum consultation.

27. BUILDING A POSITIVE CLIMATE
A Curriculum Guide for Direct Care Staff Who Teach and Care for People with Severe Disabilities

J. FAMIGLIETTI
TRELLIS PROJECT
NORTH SEATTLE COMMUNITY COLLEGE
CHILD AND FAMILY EDUCATION DIVISION
9600 COLLEGE WAY NORTH
SEATTLE, WASHINGTON 98103

28. TAUGHT NOT CAUGHT, STRATEGIES FOR SEX EDUCATION 1988
revised edition

THE CLARITY COLLECTIVE
EDNICK COMMUNICATIONS, INC.
POB 3612 $ 20.00
PORTLAND, OREGON 97208

Resource addresses are all in England.

ADDITIONAL HELPFUL MATERIAL

1. SEX EDUCATION GUIDELINES, INCLUDING REPRODUCTIVE HEALTH AND FAMILY PLANNING (P.A. 226, 1977)

   MICHIGAN DEPARTMENT OF EDUCATION — FREE
   POB 30008
   LANSING, MICHIGAN 48909
   (517) 373-1484

   This is the policy, rules and guidelines for sex education in Michigan's public schools.

2. THE DIGNITY OF RISK AND THE MENTALLY RETARDED
   Robert Perske

   ASSOCIATION FOR RETARDED CITIZENS/US
   2501 AVENUE J
   ARLINGTON, TEXAS 76011 — Per copy $ .15
   (817) 640-0204

3. DEVELOPING COMMUNITY ACCEPTANCE OF SEX EDUCATION FOR THE MENTALLY RETARDED

   M. S. Bass

   Human Sciences press
   New York, New York 1976

   This is the BASIC book for beginning any kind of sex education program. Excellent strategies.

4. SEXUALITY AND THE MENTALLY RETARDED
   Rosalyn Kramer Monat Haller

   College Hill Press 1982

Rosalyn does workshops and has a series of videotapes available. Her work has some solid chapters on people who function in the severely mentally impaired range.

5. SEXUALITY, LAW and the DEVELOPMENTALLY DISABLED PERSON: LEGAL AND CLINICAL ASPECTS OF MARRIAGE, PARENTHOOD and STERILIZATION
Haavik and Menniger

BROOKS PUBLISHING COMPANY
POB 10624 $ 13.95
BALTIMORE, MARYLAND 21204

6. VALUES IN SEXUALITY: A New Approach to Sex Education
Eleanor Morrison and Mila Price

A and W VISUAL LIBRARY $ 6.95
NEW YORK, NEW YORK 1974

Exercises and discussion activities that are designed to involve the participants in an examination and evaluation of their personal feelings and beliefs.

7. ABUSE and NEGLECT of HANDICAPPED CHILDREN 1987
Sharon R. Morgan

COLLEGE HILL PRESS
34 BEACON STREET $ 17.50
BOSTON, MASSACHUSETTS 02108

Topics included pertain to legal definitions of different types of abuse, characteristics of abuse and neglect, recognition of abuse, reporting procedures, safeguards from false accusations, and programs or methodologies that could be considered abusive.

8. LOVE, SEX, AND BIRTH CONTROL FOR MENTALLY RETARDED
A Guide for Parents Revised 1985

Winifred Kempton, Medora Bass, Sol Gordon

PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA
1220 SANSOM STREET
PHILADELPHIA, PENNSYLVANIA 19107 $ 2.95
(215) 592-4108 Also available in Spanish

This Planned Parenthood unit has an excellent catalog! FREE!

9. NEW YORK STATE SURROGATE DECISION-MAKING COMMITTEE PROGRAM: AN ALTERNATIVE TO THE COURTS FOR OBTAINING MEDICAL CONSENT

IRENE PLATT, Commissioner

PAUL STAVIS, Counsel

N. ANNE REED, Project Director, New York State Commission on Quality of Care for the Mentally Disabled

THOMAS P. DORSEY, Assistant Attorney General, Mental Hygiene Bureau, New York State Department of Law

This program provides an alternative to the judicial system for obtaining necessary medical consent on behalf of mentally-impaired persons who are in need of major medical treatment.

To contact any of the people listed above, call:

YOUNG ADULT INSTITUTE
460 WEST 34TH STREET
NEW YORK, NEW YORK 10001-2382
(212) 563-7474

10. CHANGING INAPPROPRIATE SEXUAL BEHAVIOR – A Community-Based Approach for Persons with Developmental Disabilities

Griffiths, Quinsey & Hingsburger
Brookes Publishing Company – 1989

REPRODUCTIVE HEALTH CATALOG RESOURCES

1. Network Publications
ETR Associates
POB 1830
Santa Cruz, California 95061-1830

2. The Resource Center
Planned Parenthood - Southeastern Pennsylvania
1220 Sansom Street
Philadelphia, Pennsylvania 19107
(215) 592-4108

3. Ed-U-Press
7174 Mott Road
Fayetteville, New York 13066
(315) 637-9524

CATALOG: AIDS and the Urgency of
Practicing Safer Sex

4. Ednick Communications, Inc.
POB 3612
Portland, Oregon 97208

5. Stanfield and Company
POB 1983
Santa Monica, California 90406

6. Focus International (Film and Video catalog)
14 Oregon Drive
Huntington Station, New York 11746

7. Films for the Humanities and Science, Inc.
POB 2053
Princeton, New Jersey 08543
1-800-257-5126

8. New Readers Press
Special Catalog Request Department
POB 131
Syracure, New York 13214
1-800-448-8878
(1) School Catalog
(2) Catalog with all products available

485

9. National Committee for Prevention of Child Abuse
332 South Michigan Avenue
Suite 950
Chicago, Illinois 60604-4357
(312) 663-3520

These companies currently have the best material available both for special and general education. Send a postcard to each, requesting to be placed on their catalog mailing list.

Staff 20 Hour Workshop Agenda

Parent Workshop

In-service Model

Reproductive Health Institute

GENERAL EDUCATION/
SPECIAL EDUCATION
20 Hour Staff
Development Program

Teachers — Administrators — Careproviders — Parents

Institute Objectives

There are several main objectives that have been established for this Institute. They are:

1) To initiate self-evaluation, helping participants to focus on the question: "What additional skills and knowledge do I need to teach sexuality successfully?

2) To add to the knowledge of participants by providing information from professionals working in the field on topics commonly associated with the requirements to teach reproductive health.

3) To meet the Department of Education's twenty-hour (20) In-service program requirements as a way to meet one of the qualifications to teach reproductive health. (Twenty clock-hour in-service programs are in lieu of approved undergraduate or graduate credit courses.)

4) To promote an awareness of all the crucial issues surrounding the teaching of reproductive health.

5) To suggest various strategies for teaching reproductive health which have proven to be successful.

Institute Requirements

1. The actual completion of 20 clock-hours of inservice training. Therefore all participants will be expected to:

    a) Attend the ENTIRE Three-Day Program
    b) Be present at each and ALL Sessions
    c) Submit an evaluation of the Program

2. Pre-register for the Program (this includes prepayment of Institute fee).

Three-Day Reproductive Health Institute

WEDNESDAY, February 20, 1985

8:00 - 8:30	Registration
8:30 - 9:00	Participant Assistant Survey
9:00 - 9:45	Welcome and Introduction-Joyce Fouts
	Instructions, Questions and Expectations-Patti Steele-Kefgen and Ann Heler
9:45 - 11:30	Getting a Grip on Sexuality - Sylvia Hacker
11:30 - 12:45	Lunch - Film "Board & Care"
12:45 - 2:30	Morals, Values and Controversy in the Classroom - Dr. Mary Paonessa
	Parent Reactor Panel--Four Parents
2:30 - 2:45	Break
2:45 - 3:45	Is This Legal? Is This Healthy?
	Patti Steele-Kefgen
3:45 - 4:30	Small Groups
	Ann Heler -- Special Education
	Couth Calven--General Education
	Joyce Fouts -- General Education
	Henry Cade -- General Education

THURSDAY, February 21, 1985

8:00 - 8:45	Registration
8:45 - 10:00	Growing Up Sexually--Varda Hansen
10:00 - 10:45	Birth, Bonding and Parenting-Shirley Steele-Quinn
10:45 - 11:00	Break
11:00 - 12:00	All These Other Things
	Fetalogy, Genetics and Birth Defects-Janice Bach
12:00 - 1:15	Lunch--Film (Herpes, the Evasive Invader)
1:15 - 2:30	Contraceptive Technology--Edna Miller
2:30 - 3:45	Alternative Life Styles-UofM Office of Human Sexuality
3:45 - 4:30	Small Groups
	Ken Kaminsky--General Education
	Wayne Ruchgy--Special Education
	Couth Calven--General Education
	Joyce Fouts--General Education

FRIDAY, February 22, 1985

8:00 - 8:45	Registration
8:45 - 9:45	STD's--Thea Simmons
9:45 - 10:45	Sexual Abuse--Dr. Bernice Stovel
10:45 - 11:00	Break
11:00 - 11:30	A Look at Those PRC Materials-Sue Kage
11:30 - 12:15	Small groups
	Ann Heler--Special Education
	Couth Calven--General Education
	Al Goldberg--General Education
	Joyce Fouts--General Education
12:15 - 1:15	Lunch--Film (Teenage Father)
1:15 - 2:15	How Does This Fit In My Classroom-Dr. E.J. McClendon
2:15 - 3:40	Classroom Application:
	a) Elementary--Maria Valone
	b) Middle School-Jim Pierson and Neil Currie
	c) Secondary-Bernice Adams & Company
	d) Special Education-Ann Heler
3:40 - 4:30	Back home action planning session/Wrapup-Patti Steele-Kefgen

This Institute is Designed

- for teachers, supervisors, administrators who meet the professional preparation criteria, except in sex education content areas, to qualify them to teach reproductive health and family planning

- for special educators, parents and care-providers who have the responsibility to instruct impaired persons in the area of reproductive health INCLUDING LOW INCIDENCE POPULATIONS

This Institute is Intended

- to be only a beginning for persons starting to teach reproductive health

- to increase competency in teaching reproductive health by suggesting strategies, materials and resources which can be utilized

- to stimulate personal and professional growth and understanding of human sexuality and other reproductive health issues

- to only suggest to participants areas for further study and consideration

- to provide staff with sufficient information to assist their school district/agency in making informed decisions relative to the nature of reproductive health instruction

- to provide participants with an opportunity to keep abreast with the latest in curriculum materials

This Institute Will

- **NOT** likely be helpful to persons who find teaching reproductive health, for whatever reason, undesirable

- **NOT** be especially helpful to persons with strong personal objections or reservations about the teaching of Reproductive Health and Family Planning

- **NOT** be completely satisfying for persons who want just to be told "what and how" to teach Reproductive Health without further preparation

2 Continuing Education credits will be awarded
1 WSU academic credit available
Call Patti Steele Kefgen 467-1399

HUMAN GROWTH AND DEVELOPMENT

A WORKSHOP FOR PARENTS

FREE!!

REGISTRATION FORM

Name: ______________________________

Address: ______________________________

Telephone: ______________________________

Please complete this Registration Form and return to: Wayne J. Ruchgy; Wayne County Intermediate School District, P. O. Box 807, Wayne, Michigan 48184.

Directed to Parents and Caregivers of Developmentally Disabled Children and Young Adults

Thursday, February 7, 1985

9:30 - 10:00	Registration
10:00 - 10:55	Human Growth and Development Ann Zuzich
10:55 - 11:05	Break
11:05 - 12:00	"I Don't Get No Respect" Jan Graetz
12:00 - 1:00	Lunch and Films
1:00 - 2:00	Parent Discussion Groups
Ages: 3 - 11	Jan Graetz
12 - 16	Ann Heler
16 - 22	Sandi Greek
22 and over	Sue Leemaster

Friday, February 8, 1985

9:30 - 9:45	Coffee
9:45 - 10:30	Passages
10:30 - 10:40	Break
10:40 - 11:30	Concurrent Sessions:
I.	Birth Control and Sterilization Couth Calven
II.	Causes and Prevention of Sexual, Verbal and Physical Abuse Dr. Bennie Stovel
III.	Human Sexuality in the Group Home Environment Dennis Belleheumer
11:30 - 12:30	Lunch and Films
12:30 - 1:30	Parent Discussion Groups
1:30 - 2:00	Wrap-up With Wayne

PROPOSED IN SERVICE PLAN

SESSION I

TITLE: Exploding The Myth

TARGET AUDIENCE: Administrators/Staff; Teachers (MUST); Paraprofessionals; Support; Parents

APPROXIMATE LENGTH: 1 1/2 hours

CONTENT: General Orientation to Human Sexuality and Students with Significant Disabilities

A. Background

1. Why a curriculum is needed/exploding the myth - personal comfort level-vulnerability of the population - myths versus reality

2. Act 226 and abuse/neglect legislation-reducing district/staff liability-specific review of legislation-clear mandates for education

3. District Responses to Mandate

   a. Policy
   b. Staff Guidelines
   c. Curriculum Development
   d. Review Materials Process
   e. Staff/Parent Training

B. Questions/Reactions

Identify Specific Issues for Session IV

MATERIALS: PA 226 (1977)/District Philosophies/Staff Guidelines/Reproductive Health Guidelines PA 238 (1975) Child Protection Law

SESSION IIA

TITLE: Orientation to Curriculum

TARGET AUDIENCE: Staff (Teachers, Paraprofessionals(optional)/Administration

APPROXIMATE LENGTH: 1 1/2 hours

CONTENT: In-depth review of adapted Michigan Comprehensive Health Curriculum

A. Invisible Environment

-approaching curriculum implementation to ensure dignity of student
-review classroom self survey and how to utilize and evaluate results
-impact of results on program planning for change, if necessary

B. Comprehensive Health Approach to Human Sexuality

-pros/cons
-how to adapt for persons with disabilities (age,materials,functioning)

C. Review Adapted Curriculum

-by section

D. Review of Restricted Staff Responsibilities (Administration-Staff)

1. Annual Notification
2. Advisory Committee

E. Questions/Reactions

MATERIALS: Curriculum/Invisible Environment/IEPC

SESSION II B

TITLE: Orientation to Curriculum

TARGET AUDIENCE: Parent

APPROXIMATE LENGTH: 1 1/2 hours

CONTENT: Review of adapted Michigan Comprehensive Health Curriculum

A. Invisible Environment

-approaching children relative to sexuality, preserving dignity and respect
-Questionnaire/Survey-A way of looking at environment (atmosphere) created by personal attitudes
-strategizing for changes within the home and community

B. Comprehensive Health Approach to Human Sexuality

-Pros/Cons - Strengths
-real examples/situations-examples
-adaptations based on specific disabilities
-creating "Learning Experiences" within the child's natural environments

C. Questions/Reactions

MATERIALS: Curriculum/Invisible Environment/IEPC

SESSION III A

TITLE: "Nuts and Bolts"

TARGET AUDIENCE: Administration/Staff (teachers/paraprofessionals optional)

APPROXIMATE
LENGTH: 1 1/2 - 2 hours

CONTENT: Review of Approved Materials and Demonstration of Implementation Strategies for Different Disabilities

A. Review Approved Materials List

-highlight appropriate objectives for use
-review approved process

B. Demonstration of Implementation Strategies

C. Individual Materials Review

D. Specific Issues of Implementation

1. Do's and Don'ts
2. Cultural Biases

E. Questions/Responses

MATERIALS: Materials List/Curriculum/Selected Materials

*Districts should provide as many in-services as necessary in the above format in order to assure staff are competent to use all approved materials with students.

SESSION III B "Nuts & Bolts"

TITLE: Materials/Implementation Strategies

TARGET
AUDIENCE: Parents

APPROXIMATE
LENGTH: 2 hours

CONTENT:

A. What's Happening In School

1. Review of Approved Materials
    a. Materials List
    b. Specific Objectives for Use
    c. Review Approval Process

B. Specifically Look at Materials

C. What Can Happen At Home

1. What to do
2. Specific Responsibilities

D. Questions:

(Parent: Note book for Materials)

SUGGESTIONS:
1. Representative from Participating Districts
2. As many repeat sessions as needed to respond to parent desire to look at materials (or)
3. Specific consultation on individual students

MATERIALS: Materials's List, curriculum, selected materials for demonstration

SESSION IV

TITLE: "How Can We Help You?"

TARGET AUDIENCE: Administrators/Teachers/Paraprofessionals/Support Staff/Parents/???

APPROXIMATE LENGTH: 1 1/2 hours

CONTENT: Address the Issues and Concerns Identified in Sessions I, II, and III

IN-SERVICE

A. Sessions

Session I: 1 1/2 hours
Session II A: 1 1/2 hours
II B: 1 1/2 hours
Session III A: 1 1/2 - 2 hours
III B: 2 hours
Session IV: 1 1/2 hours

B. Recommendations:

1. ISD - LEA Implement All Sessions in 1st year pilot
2. 2nd year LEAs or continued by ISD or ISD/LEA

C. Staffing:

Session I:
-Ann Heler
-Dennis Bellehumeur
-Administrator
-WPAC (Local PAC President-Intro Session and Facilitator)
-District Supervisor (Sex) or ISD (or Sp.Ed. Administrator)

Session II:
-Invisible Environment - Ann Heler
-Comprehensive Health
-Review Adapted Curriculum-Special Ed Adm. or (PRC) CRC's
-PAC Facilitator

Session III:
-PAC Facilitator, Reproductive Health Council Representative
-Teachers for Demo/PRC (CRC)
-Special Ed Adm. (Bilingual)
-Supervisors (Sex)

Session IV:
-PAC Facilitator
-Resources to be determined

GOALS OF A SEX EDUCATION PROGRAM FOR PEOPLE LABELED MENTALLY IMPAIRED OR DEVELOPMENTALLY DISABLED

1. To recognize that every human has a sexuality component to their life.
2. To learn about themselves and see themselves more like than unlike others.
3. To train students to protect themselves from sexually abusive situations.
4. To give accurate and timely information about sexuality issues.
5. To teach appropriate social/sexual in-community behavior.
6. To develop expressive communication skills that allow expression of sexual thoughts and feelings.
7. To enrich our students lives by helping them to find sexual expression that best fits their abilities and needs.
8. To teach social skills for comfortable peer interactions and relationships.
9. To increase caregivers awareness of the sexuality of the impaired.
10. To prevent incidences of abuse by caregivers.
11. To design environments and programming that incorporates dignity and respect throughout.
12. To help our students communicate about sexuality with others without guilt or embarrassment.
13. To help our students more clearly understand the commitments of marriage, parenthood and family in order to set realistic goals for their own future.

Rewritten and revised by Ann Heler, Wayne County Intermediate, 1988